Policy paper
providing guidance to policy makers for developing coherent policies for licit and illicit drugs

Adopted at the 69th meeting
of Permanent Correspondents

Content

Scope and purpose

Drug policies fall within states' responsibility, leading to a variety of national action plans and strategies reflecting the diversity of situations in the different countries. To make the most of this diversity, other countries' experiences are widely discussed and taken into account. While there is a wish to learn about different policies and strategies in Europe, language continues to be a barrier since many of the relevant documents are not translated. An ever-increasing amount of documentation on evidence-related research, guidelines, manuals and good practice inventories is now available. At the same time, a significant number of international legal and political instruments need to be taken into account when developing and implementing action plans and strategies. In addition, there are various tools developed by international governmental and non-governmental bodies. However, qualified overviews allowing policy makers quickly to identify instruments and tools relevant to their work are rare, or even non-existent. The sheer quantity of available resources has grown to the point where giving them adequate consideration is becoming impossible. Furthermore, much of the material available is targeted at professionals and rarely at those involved in policy decisions.

This policy paper aims to provide decision makers and policy managers with an overview of the basic principles, instruments and tools that will support them in developing, reviewing and implementing drug policies, strategies and action plans. It summarises key elements for coherent drug policies and effective strategies in the form of a series of guiding principles. It also lists a selection of relevant instruments, tools and resources proposed by European and international organisations (Appendix 1) and sets out a number of key observations by policy makers on existing practice (Appendix 2).

2

Context

It is acknowledged that societies are finding it increasingly hard to deal with the phenomenon of addictions, whether dependency on legal and illegal drugs or licit substances, like alcohol and nicotine, addiction to gambling, the Internet or electronic games, or eating disorders. Evidence is coming to light that, with regard to each of these categories, the receptor and neuro-transmitter systems in our brains do not function differently, as the different policies and approaches to the different areas of addiction would tend to imply. This suggests that problems related to drugs need to be tackled in the wider context of addictions.

At the same time, drug trafficking and dealing can threaten the stability of our societies and international security. Illegal substances create an underground economy, which on account of its size poses significant threats to the official "overground" one. It follows that policies tackling drug abuse and trafficking in illicit drugs will have implications for economic and security policies. In addition, drug policies need to address the social consequences and the public health context. All policy measures must also be devised in the light of and in accordance with existing human rights standards.

3

The components of a drug policy

The starting point for any drug strategy or policy is an understanding that drugs continue to endanger public health, and that illicit drug trafficking constitutes a threat to safety and public order. In addressing these issues, the policies and measures adopted should reflect a shared responsibility to safeguard human rights and respect for the rule of law. Only by upholding these principles can dealing with drug abuse and illicit drug trafficking have sustainable effects for the benefit of society as a whole.

For drug policies to succeed and attain the desired impact, it is vital that the expected results and consequences should be explored and discussed in a wider political context, encompassing all the directly or indirectly relevant policy areas.

3.1. An approach based on human rights

Adopting an approach based on human rights means incorporating all the applicable human rights standards into drug related policies, strategies and action plans and their implementation processes. This will allow enhanced compliance with these standards and constitute a concrete way of safeguarding human rights. In this context the term human rights refers to the legal rights enshrined in existing instruments, e.g. the Council of Europe's conventions.

Bringing human rights to the forefront of drug policies entails balancing human rights and public interests, so as to deal more effectively with the problems associated with psychoactive substances. This human-rights-based approach also makes it possible to address multi-dimensional problems from a global perspective, taking into account a range of inter-related and

mutually reinforcing adverse factors, while avoiding stigma, discrimination, insecurity and social exclusion. A drug policy founded on human rights considerations thus has the potential to be more effective in reaching vulnerable groups within society. Ensuring and facilitating the participation of those who are the targets of drug policies, such as user groups and family members, not only constitutes good democratic practice in policy development, but can also make for more effective measures and a wider policy reach. Participation is an important source of empowerment and makes it possible to involve those directly concerned as a resource in the active search for solutions.

3.2. The public health angle

Through public policy governments seek to look after the health, security and well-being of their citizens. Psychoactive substance use and addictions are related to physical and mental conditions, and in turn affect physical and mental health. But the phenomenon is not only a health issue. The social determinants related to psychoactive substance use: personality, attitudes, expectations and motivations of the user, as well as his or her life situation and social context, show that the phenomenon has overall societal connections. In addition, there are the related dimensions of drug-related crime, public nuisance and security concerns, as well as the financial and economic consequences. As they are linked to physical and mental health as well as to the overall societal context and public security concerns, policies on psychoactive substances qualify as a public health issue.

Early intervention and primary prevention are crucial when seeking to reduce the impact of risk factors and strengthen the protection of a person who is vulnerable and/or at risk of starting drug use. This is about intervening early in life, but also at an early stage in cases where potential problems may be emerging. This means that the possible target groups are not just children and young people, but in fact anyone who can be considered vulnerable and/or at risk. Early intervention consists in identifying and handling a problem at such an early stage that the problem disappears or is reduced with limited intervention.

3.3. Targeting vulnerable groups

There is broad consensus among member states that policies need to pay specific attention to groups of people considered to be particularly at risk and vulnerable to drug use. These include: young offenders; young people in care; early school leavers or students with academic problems; young people who live in disadvantaged families or neighbourhoods; clubbers; people generally at risk of social exclusion and marginalised groups. Special attention must be paid to children of families with addiction problems and people traumatised by violence or sexual abuse. Research shows that people in these groups have a higher risk of early drug use, and faster progression to problem drug use, than people in the social mainstream.

To achieve maximum effectiveness in reducing the risk that drug use related problems will arise, and tackle these problems where they are most likely to occur, drug policies should give priority to reaching these vulnerable groups. Key factors in achieving this are ensuring adequate access to services, on the one hand, and taking selective, target action, on the other.

3.4. Evidence-informed policy approaches

Evidence-informed policies and practices are those which make the best use of the evidence available to formulate policies and obtain indications on how they can be successfully implemented. The available evidence can provide an understanding as to which existing measures have proven effective or, conversely, have shown little or no effect. However, with regard to some issues the evidence base is limited, and on other issues the evidence may raise more questions than it offers answers. Consequently, in those areas where sufficient evidence is available, it should be used for the formulation of priorities. In areas where there is little or no evidence, experimentation should be encouraged and ethics-based approaches should be followed.

Practical mechanisms for linking policy and research are indispensable to allow a systematic review of existing evidence so as to form a better understanding of how it might be interpreted and applied. This does not require the creation of new structures or institutions. It primarily entails multiplying the points and occasions where research and policy already meet and interact: advisory groups, policy reviews, evaluations, policy briefings, training and further education. Such interface mechanisms between policy and research can review and process research findings and available evidence. The relevant information has to be synthesised and formulated in a way that answers decision makers' needs. Policy options should be outlined and the potential impacts, consequences and risks should be addressed.

3.5. Coherence between policies on licit and illicit drugs

Growing poly-drug use and findings from addiction research and neurobiology have led to more holistic approaches in dealing with substance abuse. The fact that often substance abuse and other addictions are interrelated calls for coherence and consistency between policies dealing with licit and illicit drugs, as well as those dealing with other forms of addiction and dependency, notably addiction to medicines, gambling or Internet use. As a result, public health and increasingly 'well-being' are becoming the overarching starting point for policy approaches that embrace both licit and illicit substances in an attempt to achieve more comprehensive responses. This can also help to ensure that policy measures in one field do not counteract policy goals in another.

The concept of 'coherence' in relation to illegal and legal psychoactive substances may serve as a basis for a national drug policy that takes into account how the various social and political problems connected to the use and abuse of different psychoactive substances are interrelated and interact. Drug policy is more than a set of laws and programmes; it requires

consistency between policy elements. It must take into account the interaction of drug policy with other areas: economic policy, employment policy, family policy, youth policy, etc. in order to be effective and have a broad impact. Non-observance of such contextual factors will generate risks that well-intended policies in one field may lead to inconsistency with policy goals in other fields, or even create adverse effects.

3.6. Balanced approach between demand reduction and supply reduction

Today all the relevant legal and policy instruments state that drug policies aim to strike a balance between supply reduction efforts and demand reduction measures. In this connection, it is important that this balance should be adequately reflected in budgetary allocations and the setting of priorities. For a balanced approach to function effectively, coordination and cooperation between the two sectors must be ensured. In the field of drug policies it is of particular importance that law enforcement agencies cooperate effectively with social and health services and that these two spheres complement each other in their work.

3.7. Supply reduction

Supply reduction is law enforcement and traditionally encompasses the interception and seizure of drugs, disruption of drug markets and cooperation between law enforcement, border control and customs agencies at the national and international levels. Combating money laundering and fighting corruption are of equal importance for an effective drug supply reduction strategy.

For licit psychoactive substances regulatory measures such as licensing systems, age limits and distribution control systems, as well as the control of synthetic drugs and licit chemical precursor products for the production of illicit substances, constitute indispensable tools for any coherent supply reduction strategy.

To be effective in terms of deterrence and at the same time provide a means of drying up the financial resources for illegal drug transactions, criminal justice systems need to offer effective means of seizing proceeds, profits and assets from illegal trafficking and dealing of drugs, as well as sanctions for networks and institutions that facilitate such transactions.

In the context of globalised drug trafficking, effective transnational cooperation among front-line stakeholders is vital. Policies must take account of the need for direct, real-time communication between relevant law enforcement, border control and customs agencies to effectively implement trans-frontier cooperation. Hence the importance of facilitating the necessary technical infrastructure and training for all levels of transnational inter-agency cooperation.

With a view to intercepting drug trafficking, much attention has been paid to the key means of transportation and channels used by traffickers. Observations concerning changes in trafficking patterns show the need for a growing focus on general aviation and small airfields, as well as small sea ports and isolated coastal regions. A further challenge in supply reduction and risk control is countering the sale of psychoactive substances via the Internet.

Developing indicators to gauge the effectiveness of supply reduction measures is of primary importance. The use of such indicators facilitates the setting of supply reduction objectives and the measurement of interventions' success. Evaluating the overall effectiveness of interventions is a prerequisite if supply reduction policies are to be efficient and cost effective.

3.8. Demand reduction

While all supply reduction measures have a preventive scope and purpose, preventive measures to reduce demand are of equal importance. Demand reduction is commonly understood to encompass prevention, treatment, rehabilitation and addressing the risks and adverse effects of drug use.

3.8.1. Prevention

It has to be recognised that obtaining evidence as to what works in prevention, and with a view to differentiating between correlation and causation of an intervention, will continue to be difficult. Nevertheless it is important to have a prevention strategy that incorporates concepts and models that have been tried in practice and have produced promising results.

Any prevention strategy should include elements of universal, selective and indicated prevention. Prevention should encompass programmes addressing young people, as well as adults. The appropriateness and feasibility of each of these prevention areas should be carefully assessed with regard to the specific situations encountered in a country. Based on this assessment the focus of the prevention strategy should be decided so as to make best use of resources and achieve the highest possible degree of impact.

Universal prevention strategies address the entire population. The aim is to deter people from beginning use or to delay the onset of substance abuse by giving everyone the information and skills needed to prevent the problem from occurring.

Selective prevention targets specific sub-population groups whose risk of developing a disorder is significantly higher than average, either imminently or over the lifetime of the individuals concerned. A primary advantage of focusing on vulnerable populations is that they are clearly identifiable and have known characteristics that permit targeted action aimed at preventing the initiation of drug use or delaying onset.

Indicated prevention aims to identify individuals who exhibit indicators that are highly correlated with an individual risk of developing substance abuse later in life or show early signs of problematic substance use. The aim of indicated prevention efforts is to prevent the development of substance dependence.

To allow early detection and make possible appropriate interventions in respect of at risk and vulnerable groups it is necessary to engage, sensitise and, where needed, train GPs and other actors of the primary health care sector, as well as protagonists in other sectors such as child care and education.

3.8.2. Treatment and rehabilitation

Treatment policies should be based on integrated treatment systems that enable abstinence, maintenance and services aimed at reducing drug-related harm to work together in a continuum of care. These should be closely connected with services aimed at reducing the adverse effects of drug use in order to provide a comprehensive care and support system. On the one hand, this includes easily accessible low threshold services that meet the immediate needs of drug users, as well as incentives and support with a view to motivating drug users to abandon drug-using lifestyles. On the other hand, concrete pathways into structured treatment programmes for achieving stabilisation or abstinence must be put in place. The services available should be geared to accommodate the needs of different patient groups.

Mainstream healthcare should be engaged in screening and in intervening where substance abuse is beginning to develop into problematic use or addiction. While treatment options are often available to the most problematic drug users, populations that are on the way towards severe addiction and problematic substance misuse should also be given the necessary attention.

Treatment and rehabilitation go hand in hand. Social inclusion measures aimed at facilitating rehabilitation are an important

prerequisite for successful treatment. Measures connected to housing, employment, leisure activities, etc. are key elements for successful rehabilitation.

3.8.3. Reducing adverse effects of drug use

Measures to minimise drug-related damage, reduce deaths and mitigate public nuisance are an integral part of many national drug strategies and a clear policy priority in a majority of countries. Measures to minimise health risks associated with drug use have also proved to be an important contribution to mainstream public health approaches, in particular in the area of blood borne diseases.

Measures aimed at limiting the negative consequences that substance abuse entails for the user, for public health and for the general picture of disease have been endorsed globally by the United Nations and in the EU drugs strategy and action plans. They encompass interventions, programmes and policies that seek to reduce the adverse health, social and economic effects of drug use for individuals, communities and societies. Risk and harm reduction refers to the nine factors listed in the WHO/ UNAIDS/UNODC Technical Guide of 2009.

These measures take the form of intervention packages tailored to local contexts and needs. In order to be effective, they require embedding in and linking to prevention measures and treatment offers. The potential impact of such measures derives from the combined delivery of multiple interventions.

In devising and implementing these measures, their effectiveness and cost-benefit ratio must be borne in mind in order to achieve sustainable and politically justifiable results. Furthermore, the measures and related services must be developed and promoted in such a way that they command a degree of acceptance in society, in particular in the communities and areas where they are delivered.

3.8.4. Continuity of care

In general, drug related problems are long-term issues in every respect. In terms of the time needed to research the effectiveness of an intervention, or the time required for effective treatment and rehabilitation, medium and long-term commitment and support is needed. As a result, policies and strategies should be based on realism regarding time frames and an understanding of the need for long-term goals and perspectives.

For treatment service provision and action aimed at reducing risks and the adverse effects of drug use it is important to ensure the continuity of availability and access. For interventions and treatment offers to be effective and efficient, it is of importance that the services provided in prisons coincide and link up with those provided outside the prison system. Prior investment in treatment can be wasted if adequate continuation of treatment is jeopardised by a change of setting.

An essential prerequisite for social inclusion is continuity between treatment and rehabilitation aimed at ensuring effective re-integration into society following treatment; employment, housing and debt restructuring are of primary importance here. It must be noted that treatment and rehabilitation should be facilitated in parallel. With certain patients rehabilitation and social reintegration measures can themselves lead to a reduction in consumption and addiction levels, thus making it possible to scale down treatment intensity.

3.9. Taking into account international instruments and best practice

There is a broad range of legal and political instruments that must be taken into account when developing drug policies. In addition there are a vast number of tools for different drug policy sectors that provide general, specific and individually targeted options.

In order to successfully develop coherent drug policies and allow for the complexity of these matters, without overstretching planning and development resources, it is essential to draw on existing instruments and expertise for conceptual guidance. A variety of instruments, tools and resources exist at the levels of the Council of Europe, EU, EMCDDA, UNODC, INCB, WHO and so on (a selection of which is listed in Appendix 1). They offer indispensible practical advice and tools for policy makers.

The resources on offer range from comparative data on consumption, harm arising from consumption, and policy responses - in the areas of tobacco, alcohol and psychoactive drugs, addictions and public health - to data collection for framing comprehensive, integrated policies covering all dependence-producing substances. The Pompidou Group provides best practice examples through its EXASS Network, which links policy with practice. The EMCDDA's best practice portal is a comprehensive resource for drug policy makers in the areas of drug-related prevention, treatment, social reintegration and harm reduction.

3.10. Transversality

Today the drug problem is perceived as multifaceted and, thus, politically as a transversal issue requiring action by different policy sectors: health, public health and social issues, law enforcement and border control, justice and correction systems, foreign affairs and international relations, as well as human rights. It is of the essence of multifaceted problems that they require multidisciplinary responses from different agencies in different sectors so as to deal effectively with prevention, health and social issues. If policies addressing such complex matters are to be effective they need to be founded on a comprehensive concept, combined with a range of measures in different policy fields.

Coordination and cooperation between the various actors and agencies operating in all the sectors concerned is indispensible to the effective implementation of a comprehensive drug policy approach. It is therefore necessary that policies and strategies clearly recognise the need for cooperation across sectors and for coordination between relevant stakeholders. The drug policy and strategy constitute the common starting point for all stakeholders; they should be clear as to what role the different actors are expected to play.

Policy planning and implementation

At every stage, whether planning, preparation or implementation, all possible outcomes, including negative outcomes and side-effects of implementing measures, need to be anticipated and observed. Particular attention must be paid to measures that may trespass on the domains of other institutions and actors. Similarly care must be taken to ensure that outcomes do not conflict with or undermine other policy goals.

Political and cultural sensitivities should be observed and met through an active communication and information policy regarding drug policy action. This also requires openness to an on-going dialogue with those affected or concerned by drug policy measures.

Consultation with civil society, notably NGOs, advocacy groups and commercial service providers, constitutes an important source of ideas, innovative proposals and potential support. At the same time open debate with relevant civil society actors can be a crucial means of dealing with conflicts emerging within the context of drug policy implementation.

Effective drug policy governance requires the on-going, systematic review of existing and emerging evidence from science and practice.

4.1. Building institutional support

Policies are implemented most effectively when they are widely supported. This is best achieved through consensus-building with all those concerned and affected, as early as the planning stage. However, the process of building consensus around a policy is difficult and complex. Little practical and theoretical guidance is available. Consensus must be built between the policy sectors concerned, as well as between administrative and political structures and bodies.

In particular, a common understanding between the political and the administrative levels is important to ensure that, at the implementation stage, coherent policies do not fall apart and implementation does not follow a completely different course than that anticipated. It is therefore advisable to ensure that policies, strategies and programmes are precise and clear. This means outlining the goals and expected results, as well as identifying the relevant stakeholders, what is expected of them and what benefits are foreseeable in return.

It is also necessary to develop conflict management procedures constituting an effective response to frictions and conflicts emerging between stakeholders. In this respect, it is of particular importance to put in place a mechanism that mitigates conflicts between the parties involved in supply reduction and demand reduction.

4.2. Efficiency and effectiveness

It needs to be recalled that policy responses to drugs and drug-related problems cannot be based solely on scientific evidence and efforts, but also need to take into account values, cultural influences, organisational structures and public opinion. It should also be noted that it is often complicated to make good use of research results because of the different concepts and terminology

used in the policy and science spheres. Care should be taken that research results are not used in a selective and over-simplified way, since this may negatively influence the outcome of an action or even lead to adverse outcomes.

Drug policy measures should always have more positive than negative effects. Because of limited resources action should focus on interventions that have proven to yield the expected results. In cases where proposed practices have previously not proven to be effective, they should be avoided or discontinued.

In implementing the balanced policy approach it is crucial that the elements of supply and demand reduction are put into practice simultaneously. Selective, fragmented or consecutive action can diminish the effects of the measures implemented.

In general, multidisciplinary approaches and cooperative action are more effective in reaching expected results and have a broader impact. They can also be more resource efficient if good use is made of synergy effects, resources are pooled and experience of what works and what not is shared openly on all levels.

4.3. Creating structures for cooperation and coordination

Cooperation and coordination between the local, regional, national and international levels are always prerequisites for a successful drug policy.

Measures and actions should be designed already with a partnership approach in mind. Consequently potential partners should be involved from the planning stage or as early as possible.

Minimum conditions for a partnership to function and succeed include:
- Having a common goal
- Ensuring regular and on-going contact
- Agreeing on communication flow
- Ensuring direct cooperation on all levels
- Being aware of limitations, prejudices and institutional cultures
- Overcoming legal barriers
- Respecting the concept of mutuality

There is a need for structures that ensure that actions are coordinated and executed in cooperation with the right partners to achieve a maximum impact and ensure the best use of resources. It is consequently important to avoid undue competition between participants in a cooperative effort and ensure that their activities and actions are complementary rather than contradictory.

Mechanisms are also needed to increase contacts between the demand and supply reduction sectors, so as to arrive at concerted actions and avoid contradictions or adverse consequences of specific interventions. This does not require the setting up of new formal structures but first and foremost common platforms for regular communication, which can well be of an informal nature.

Whilst it may be difficult to achieve, it is important to understand that a non-hierarchical relationship between partners in the cooperation is one of the key factors for success. Partnerships built on consensus create a stronger sense of ownership and a higher level of commitment than those set up solely on the basis of legal obligations or instructions.

When building coordination and cooperation between players the specificities of the national, regional and local levels must be observed and addressed in a balanced manner. Solutions will depend on the type of mechanisms regulating the cooperation and relations between different levels of policy responsibility. One way is to have an arrangement where common policy approaches are negotiated between entities of different levels of responsibility.

Providing financial incentives and targeted funding from the national level to regional and local authorities have proven to be viable means for developing policy consistency between different levels.

4.4. Monitoring and evaluation

In practice evaluation is the process of developing a scientifically based judgment about the value of an action. Monitoring is the regular, systematic collection of data on a given activity as a basis for evaluation and input for quality control. In addition, it is a general and systematic source of knowledge on what is done. Evaluation also constitutes an important tool for forward planning. From an evidence-informed perspective, monitoring and evaluation are important to demonstrate that interventions have positive effects, which outweigh any potential adverse consequences.

There are different compelling reasons for evaluating policies and their implementation. Above all, evaluation results can attest to success and to the legitimacy of requests for political and financial support. They can also provide an evidence base for improving the quality and effectiveness of the measures applied and contribute to quality control.

In general, evaluation should be done for medium and large scale interventions, pilot-projects and innovations. It is often not feasible for one-off activities or very small-scale interventions. It can be dispensed with where the quality and impact of an intervention are already known and well established. In such cases less complex quality assurance tools may suffice.

It has to be understood that evaluation results alone cannot constitute the basis for evidence-informed policies, since they incorporate too many administrative and political constraints. Nonetheless, evaluation allows the collection of data on a concrete drug situation and the effects of responses to it, thus providing valuable input for public discussion on policy choices.

4.5. Ensuring quality

Quality assurance can be defined as a system of procedures, checks, audits and corrective actions to ensure that a service or action delivered is of the highest achievable quality. Quality assurance can be implemented as a more or less formal control measure and with a higher or lower level of reporting through internal assessments or external evaluation. The most commonly used means and tools for ensuring quality are the setting of quality standards and the application of guidelines, the conduct of evaluations and the provision of regular staff training.

Process evaluation constitutes the most frequently applied tool in quality assessment. Process evaluation can be carried out at any time to analyse how an activity is conceptualised, planned, and implemented. It makes it possible to assess whether services and products are delivered in a qualitatively and quantitatively appropriate way.

Continued staff education is an important means of familiarising professionals with the latest developments and knowledge in a rapidly evolving policy field. The volume of evidence-based reviews, guidelines, manuals and good practice recommendations is steadily growing. As a result continued education and training for professionals working in the substance abuse field is an increasing focus of attention and a core component of any quality management initiative.

It is important that the education provided is adequately targeted and that a fragmented approach is avoided. The quality of the education dispensed also needs to be ensured through appropriate standard procedures, including definition of the qualification profiles required for implementing the various measures.

4.6. Initiating and managing change

Drug policies need to be reactive but also proactive in order to have a broad and sustainable impact. While policies have to be reactive to developments, it is equally important that they have a dynamic dimension, making it possible to anticipate future developments and predict change. In concrete terms this means that drug policies, planning, services and concepts should allow for a sufficient degree of flexibility and adjustment as situations evolve. At the same time, political decision makers, managers and professionals need to be adequately informed about emerging trends and to have appropriate links with early warning systems and the relevant bodies such as the PG, EMCDDA, UNODC and WHO.

Being alert to changes, and having the capacity to adapt to changes as societies and situations evolve, are indispensible prerequisites to ensure the credibility and efficacy of policy. Evolving drug scenes, new substances and emerging scientific insights contribute to a rapidly changing environment that drug policies seek to address. These dynamics must be adequately taken into account in every course of action so as to avoid policies becoming ineffective or having effects different from those initially envisaged. A system of feedback from the level of service delivery should accordingly be in put in place that makes it possible to alert stakeholders about changes in substance use patterns and new substances. Communication channels should also ensure that, in situations where measures do not deliver the anticipated effects or even have adverse consequences, the policy level is rapidly informed to allow for swift reactions and adjustments.

Appendix

Selected instruments, tools and resources providing guidance to drug policy makers

General drug policy development

Achievements & Results 2007 - 2010 (Pompidou Group P-PG /MinConf (2010) 1)
Signals and Results 2004 – 2006 (Pompidou Group P-PG/ MinConf (2006) 2)
These reports on the implementation of the PG work programmes between 2004 and 2010 contains relevant guidance, information and further references for policy makers and managers in the areas of prevention, treatment, criminal justice, research and ethics based on the findings and conclusions of the respective expert platform. The signals and recommendations therein reflect the position of experts from research and the experience of professionals. They are aimed to provide guidance for the political decision making level. The conclusion drawn by the Permanent Correspondents of the Pompidou Group from these results and findings are contained in appendix 2 of this document.

Research and policy (Pompidou Group P-PG/RES (2009) 9)
This report provides examples of the interaction between researchers and policy-makers from 16 countries prepared by members of the Pompidou Group's Research Platform.

Old and new policies, theories, research methods and drug users (Pompidou Group and ESSD 2009 – ISBN publication)
This publication informs on patterns of and changes in the use of old and new drugs; looks at existing theories, and examines strategies and treatment options for imprisoned offenders. In addition, it offers new approaches to bridging the gap between quantitative and qualitative drug research.

Drugs and drug dependence: linking research, policy and practice, lessons learned, challenges ahead (Pompidou Group 2004 – ISBN publication)
This publication describes how research, policy and practice can be linked best when dealing with drugs and drug dependence.

EU drugs action plan 2009-2012
The EU drugs action plan includes wide-ranging measures to strengthen European cooperation to curb the adverse consequences of drug use and cut drug-related crime. It is conceived around five priorities: reducing the demand for drugs, mobilising European citizens, reducing supply; improving international cooperation, and improving understanding of the drugs phenomenon.

EU drugs strategy 2005-2012
Confirming the EU's integrated, multidisciplinary and balanced approach to drugs combining demand and supply reduction, the strategy focuses on these two policy fields as well as on two cross-cutting themes: 'International cooperation' and 'Research, information and evaluation'. It also emphasises the importance of making optimal use of existing legal and information instruments and the need to ensure adequate consultation with a broad group of partners (e.g. scientific centres, drug professionals, representative NGOs, civil society and local communities).

Coherent and integrated policies

Coherent drug policy: Some reflections on the concept of coherence in relation to a policy on psychoactive substances and beyond.
(Pompidou Group, doc. P-PG-CoherPol (2011) 14 - ISBN publication 2012)
The study analyses the context and systems that better suit coherent drug policies and what models/indicators may be developed to better inform one of the outcome of such policies.

Towards an integrated policy on psychoactive substances (Pompidou Group 2010 – ISBN publication)
This theoretical and empirical analysis builds upon the work of 'From a policy on illegal drugs to a policy on psychoactive substances' (2008) and presents the scientific grounds for choosing between a separate policy for each substance and a single, "integrated" policy incorporating all substances. It also gives examples how integrated and coherent policies can be implemented.

From a policy on illegal drugs to a policy on psychoactive substances (Pompidou Group 2008 – ISBN publication)
This study shows how drug policies and strategies are developed across Europe, taking into account differing contexts, the influence of international instruments, and the evolution of scientific knowledge. This work in part provides information on why some countries opt for an integrated policy on substances, and other for a separate policy for different substances.

Signals from drug research
(Pompidou Group 2009 – ISBN publication)
This report provides the latest results from research in the fields of social sciences, psychology and biomedicine with regard to drug addiction and dependency of psychoactive substances. It is directed to policy makers and others who work with drug policy implementation.

Drugs and alcohol: violence and insecurity
(Pompidou Group 2009 P-PG/CJ (2004) 7)
This guide provides information about the correlation between substance use, trafficking in illicit drugs and crime. It also provides insights on the interaction of different substances when used in poly drug consumption with regard to stimulating violence.

Responding to open drug scenes, drug related crime and public nuisance: towards a partnership approach (Pompidou Group P-PG/Coop (2006) 3)
The complexity of these problems requires a multi-faceted response developed and implemented in partnership between relevant agencies and stakeholders. This report provides an overview of integrated approaches to deal with open drug scenes, drug-related crime and the types of responses developed across the greater Europe. The content covers the experience in over thirty cities.

Framework Convention on Tobacco Control (WHO 2005)
The WHO Framework Convention on Tobacco Control (WHO FCTC) was developed in response to the globalization of the tobacco epidemic and is an evidence-based treaty that reaffirms the right of all people to the highest standard of health.

Human Rights

Convention for the Protection of Human Rights and Fundamental Freedoms (Council of Europe 1951 ETS no. 5)

- ▶ **Article 2** *sets out that everyone's **right to life** shall be protected by law.*
- ▶ **Article 3** *prohibits **inhuman or degrading treatment.***
- ▶ **Article 4** *on prohibition of slavery and forced labour stipulates under section 2 that no one shall be required to perform forced or **compulsory labour.***
- ▶ **Article 14** *prohibits **discrimination**, inter alia, on the grounds of language, religion, national or social origin, association with a national minority, property, birth or other status.*

Convention for the Protection of Individuals with regard to Automatic Processing of Personal Data (Council of Europe 1981 ETS no. 108)

- ▶ **Article 6** *prohibits the processing of personal **data concerning health** unless domestic law provides appropriate safeguards.*

Convention on Human Rights and Biomedicine (Council of Europe 1997 ETS no. 164)

- ▶ **Article 1** *defines the purpose of this convention as to **protect the dignity and identity** of all human beings and guarantee everyone, without discrimination, respect for their integrity and other rights and fundamental freedoms **with regard to the application of biology and medicine.***
- ▶ **Article 2** *acknowledges **the primacy of the human being** by setting out that the interests and welfare of the human being shall prevail over the sole interest of society or science.*

- ▶ *Article 3 stipulates **equitable access to health care** of appropriate quality.*
- ▶ *Article 4 requires that any intervention in the health field, including research, must be carried out in accordance with relevant professional obligations and standards.*
- ▶ *Article 5 sets out that intervention in the health field may only be carried out after the person concerned has given **free and informed consent** to it and that **appropriate information** as to the purpose, risks and consequences of an intervention is given. The person concerned may freely withdraw consent at any time.*
- ▶ *Article 10 defines in section 1. that everyone has the right to **respect for private life in relation to information about his or her health**. Section 2 provides the entitlement to everybody **to know any information collected about his or her health, including the right not to be so informed.***

Convention on the Rights of the Child (UN 1998)
*Article 33 states that all measures must be taken to **protect children from the use of narcotic drugs and psychotropic substances**.*

Convention on the Rights of Persons with Disabilities (UN 2006)
*This Convention includes **principles of non-discrimination, right to health**, **rehabilitation, promotion of dignity of persons with disabilities** through public awareness campaigns, the right to adequate standard of living, etc. (Articles 4, 5, 8, 25-28).*

Supply reduction

**UN Single Convention on Narcotic Drugs
(UN 1961, amended 1972)**
The Single Convention codified all existing multilateral treaties on drug control and extended the existing control systems to include the cultivation of plants that were grown as the raw material of narcotic drugs. The principal objectives of the Convention are to limit the possession, use, trade in, distribution, import, export, manufacture and production of drugs exclusively to medical and scientific purposes and to address drug trafficking through international cooperation to deter and discourage drug traffickers. The Convention also established the International Narcotics Control Board, merging the Permanent Central Board and the Drug Supervisory Board.

**Convention on Laundering, Search, Seizure and
Confiscation of the Proceeds from Crime
(Council of Europe 1990)**
This instrument tackles the issues of proceeds and assets generated from serious crime on a broad front and ensuring that logistical cells cannot find financial safe havens anywhere in Europe. It reinforces international cooperation in criminal law matters, including by way of provisions allowing information on holders of bank accounts and their transactions to be divulged. The possibility of extending these provisions to non bank financial institutions is also provided for.

**Agreement on Illicit Traffic by Sea implementing Article 17
of the United Nations Convention against Illicit Traffic in
Narcotic Drugs and Psychotropic Substances
(Council of Europe 1995)**
The Agreement on the interdiction of vessels engaged in drug trafficking activities in international waters is an implementation instrument for the 1988 UN Convention. Particular attention is paid to developments relating to action against stateless vessels, measures taken at the request of the Flag State, and the central role accorded to the concept of preferential jurisdiction

*in instances where law enforcement activities are initiated by
one party with the prior consent of the Flag State. Other issues
addressed range from the regulation of the use of force to the
payment of compensation.*

Law enforcement

**Quasi coerced treatment
(Pompidou Group P-PG/CJ (2010) 3)**
*An overview of national experiences with quasi-coerced treatment
of drug dependent offenders.*

**Quasi coerced treatment: findings from a survey conducted
in PG member States (Pompidou Group P-PG-CJ (2008) 15)**
*Alternatives to imprisonment show to be more cost-effective
and have fewer adverse effects. According to the evidence
collected, 'quasi-coerced' treatment can be effective in reducing
substance use, risk and offending behaviours, and improving
social integration. It can be as effective as voluntary treatment, if
received in the same treatment services.*

**Guidelines on the application of quasi coerced treatment
(Pompidou Group P-PG-CJ (2007) 21)**
*The rationale for quasi-coerced treatment lies in the rising of the
prison populations of which a large proportion is drug-related and
in the relative ineffectiveness of other sanctions in deterring drug
use and related crime.*

**Road Traffic and Psychoactive Substances
(Pompidou Group 2004 – ISBN publication)**
*This publication takes stock of existing measures and policies
dealing with road safety when driving under the influence of
substances which adversely affect one's ability to drive, including
questions of prevalence and risk assessment, problems in the
field of policy implementation , prevention and substitution
treatment, as well as providing expert recommendations.*

**Prevention of precursors diversion
(Pompidou Group P-PG-CJ (2009) 2)**
*Conclusions and recommendations of an expert conference on
the backtracking investigations, evidence collection, sanction
and prevention of drug precursor diversion.*

**Drug precursor diversion through efficient networking
(Pompidou Group P-PG-Precursors (2010) 3)**
*Conclusions and recommendations of an expert conference
on the prevention of drug precursor diversion through efficient
networking of agencies involved.*

EU organised crime threat assessment (OCTA 2011)
Conclusions and future strategic considerations for EU law
enforcement agencies.

Prevention

**Drug testing at school and in the workplace
(Pompidou Group P-PG/Ethics (2008) 5)**
*Expert opinions and recommendations addressing ethical issues
related to drug testing at school and at the workplace.*

**Pompidou Group manual on outreach work
(Pompidou Group P-PG/Prev (2003) 6)**
*This publication puts an emphasis on secondary prevention
targeting young people, young drug users and young people at
risk. It provides decision makers, professionals and practitioners
with experience based guidance for implementing outreach work
as a key component of any prevention strategy.*

**Prevention interventions in recreational settings
(Pompidou Group P-PG/Prev (2010) 7)**
*The publication aim is to assist local authorities across Europe
in addressing the problems related to misuse of drugs in holiday*

resorts, tourist towns and other recreational settings. The publication defines "drug misuse" broadly, to include alcohol and tobacco misuse. Special focus is on a recreational nightlife context within which drug misuse and related problems mostly arise.

Ethical questions raised by immunotherapy of addiction (Pompidou Group P-PG/Ethics (2010) 11)
At the example of the "vaccine" against cocaine this expert report and opinion looks into the ethical issues raised by 'vaccines' against certain drugs and examined the ethical aspects linked to informed and conscious consent in medical research involving drug dependent persons and drug users.

Overview of projects submitted to the European Drug prevention Prize in 2004 – 2006 – 2008 – 2010 - Summary of prize-winning projects and shortlisted projects (Pompidou Group P-PG/PREV/PP (2010) 4)
Every two years, the Pompidou Group organises the European Drug Prevention Prize and receives a number of valuable and impressive active youth drug prevention projects. While only three European Drug Prevention Prizes are awarded, many other entries are recognised and therefore shortlisted. These may offer new and creative ideas and may serve as a resource for policy makers, researchers, experts, practitioners and even young people in the creation and development of their own projects and programmes

Evaluation of Drug Prevention Activities (Pompidou Group P-PG/Prev (2010) 6)
This study explores the limitations of evaluating drug prevention interventions and identifies ways that evaluation can be made more effective.

Prevention and Evaluation Resources Kit (EMCDDA 2010)
This manual compiles basic but evidence-based prevention principles, planning rules and evaluation tips. Additionally, it provides related documentation and references.

Evaluation: a key tool for improving drug prevention (EMCDDA 2010)
This publication addresses the practical and political aspects of evaluation and presents an array of tools to improve drug prevention programmes.

Treatment

Treatment systems overview (Pompidou Group 2010– ISBN publication)
This publication presents an overview of the treatment systems of 22 of the 35 Pompidou Group member countries. It focuses on the emerging trend to cater for poly-drug us, a trend that is now emerging across Europe. The diversity of treatment systems reflects the complexity of the local legal, political, economic and cultural context of drug problems. This is a source of good practices for making treatment accessible and available. This overview is useful for policy makers and practitioners alike.

Drug treatment demand data: Influence on policy and practice (Pompidou Group 2006- ISBN publication)
Three case studies describe how treatment demand data has been used in the development of drug policies and services in Ireland, Italy and Slovenia. One strong message coming out of this report is the need for more information on the outcome of treatment. Policy makers clearly need more information on patients at the end of their treatment, including information on further treatment and its effectiveness.

Drug Abuse Treatment and Rehabilitation (UNODC 2003)
This toolkit provides a practical planning and implementation guide for decision makers and administrators.

Investing in Drug Abuse Treatment (UNODC 2003)
This discussion paper for policy makers concludes that substance abuse treatments can and should be expected to improve the public health and social problems of patients and that there are methods of organizing the structure and delivery of care to achieve those outcomes.

Contemporary drug abuse treatment - A review of the Evidence Base (UNODC 2002)
This review presents a thematic summary of the research evidence base for the effectiveness and main influencing factors of contemporary drug abuse treatment. The review is designed to be a companion resource to the section on effective treatment and rehabilitation services in the publication "Drug abuse treatment and rehabilitation" and to the document entitled "Investing in drug abuse treatment".

WHO, UNODC, UNAIDS Technical Guide (2009)
This is a guide for countries to set targets for universal access to HIV prevention, treatment and care
for injecting drug users.

Guidelines for the psychosocially assisted pharmacological treatment of opioid dependence (WHO 2009)
These guidelines were developed in response to a resolution from the United Nations Economic and Social Council (ECOSOC), which invited the World Health Organization (WHO), in collaboration with the United Nations Office on Drugs and Crime (UNODC), to develop and publish minimum requirements and international guidelines on psychosocially assisted pharmacological treatment of persons dependent on opioids. The guidelines are intended to be read by those involved in providing psychosocially assisted pharmacological treatments at any level. Psychosocially assisted pharmacological treatment refers to the combination of specific pharmacological and psychosocial measures used to reduce both illicit opioid use and harms related to opioid use and improve quality of life.

Position paper: substitution maintenance therapy in the management of opioid dependence and HIV prevention (WHO/UNODC/UNAIDS 2004)
The position paper sets out guiding principles for the practice of substitution maintenance therapy.

Assessment and evaluation

● Determining the drug situation

EMCDDA annual reports on the state of the drugs problem in Europe
The EMCDDA reports on the state of the drugs problem in Europe present the EMCDDA's yearly overview of the drug phenomenon. This is an essential reference book for policymakers, specialists and practitioners in the drugs field or indeed anyone seeking the latest findings on drugs in Europe. Published every autumn, the report contains non-confidential data supported by an extensive range of figures.

ESPAD Reports
The reports of the European School Survey Project on Alcohol and other Drugs (ESPAD) are based on Data collections from the ESPAD project which are held every fourth year in participating countries. Apart from the international reports there are a number of national reports as well as articles and papers published, using data from the ESPAD project.

Drug Abuse Rapid Situation Assessment and Responses (UNODC 1999)
Rapid assessments are used to help make decisions about the kinds of interventions that are required. Interventions may be inappropriate unless developed from a proper assessment of the situation. Rapid assessments can identify the appropriateness and feasibility of proposed interventions as well as obstacles and possible ways around them.

Technical Guide to Rapid Assessment and Response (WHO 2001 TG-RAR)
The Technical Guide to Rapid Assessment and Response provides a detailed introduction into all aspects of planning and implementing rapid situation assessments. It is generic in

nature and can be used for a variety of health issues. TG-RAR is best used in conjunction with Adaptation Guides, providing brief guidance on how to use the RAR approach with regard to a specific health issue.

Rapid Assessment of Alcohol and other Substance Use in Conflict-affected and Displaced Populations: A Field Guide (WHO and UNHCR 2008)
An increase in alcohol and other substance use is among the many health and social issues associated with conflict and displacement. Problems with substance use are prevalent in a variety of conflict affected situations including camps for and communities of refugees. Rapid assessment methods can be used to quickly gather information on substance use in an identified area or community.

● Determining the state and quality of preventive interventions

Evaluating drug prevention in the European Union (EMCDDA 1998)
An overview on different prevention philosophies and arguments for making evaluation a routine and scientifically sound procedure that draws on good practice and proven methodology.

Technical Consultation on the Assessment of Prevention and Treatment Systems for Substance Use Disorders (WHO 2006)
The report examines methods and technologies for assessing, monitoring, and evaluating prevention and treatment systems for substance use disorders, in relation to population needs and proposes an instrument to aid in this analysis for development.

● Determining the state and quality of therapeutic services

Schedules for the assessment of standards of care (WHO 1993 – ASC 1-5)
Assessing services for meeting the WHO standards of availability, accessibility, assessment procedures, treatment provision, aftercare & referral, patient's rights.

Quality assurance in mental health care (WHO 1994, adapted for substance abuse 2009)
Instrument developed for checking the quality of the physical environment, administrative arrangements and networking of services.

International guidelines for psychosocially assisted pharmacological treatment of opioid dependence (WHO 2008)
Evidence based guidelines for detoxification and maintenance treatments with detailed recommendations and a checklist for minimal standards.

● Determining the state and quality of harm reduction services

Harm Reduction: evidence, impact and challenges (EMCDDA 2010)
This monograph provides a comprehensive overview of the harm reduction field. Part I of the monograph looks back at the emergence of harm reduction approaches and their spread across Europe. Part II is dedicated to current evidence and impact of harm reduction measures. Part III addresses the current challenges and innovations in the field.

Assessment instrument for harm reduction interventions (EMCDDA 2009)
This best practice portal by EMCDDA provides pooled results or narrative conclusions from studies of specific interventions, as well as detailed information on methodology and definitions.

● **Determining outcomes and impact of interventions**

Evaluation of the European Union's 2000–04 drug strategy and drug action plan (EMCDDA 2004)
For the first time the EU drug strategy was evaluated in terms of its implementation in member States. The report provides information on the progress achieved between the beginning and end of the action plan, as well as on efforts yet to be made.

Addiction Severity Index (6th version, adapted for Europe)
Instrument for measuring substance use, health, social situation and criminal involvement of patients before and after treatment.

Quality of life questionnaire, short version (WHOQOL-BREF)
A tool for rating the patient's subjective quality of life before and after treatment.

Work in progress

European drug prevention quality standards (EMCDDA, 2011 -)

The EMCDDA is currently collaborating in an EU-funded research project aimed at producing commonly agreed and evidence-based drug prevention standards for use in the EU. It is hoped that these standards will be adopted by member States to improve drug prevention practice and efficiency of funding, and reduce the likelihood of ineffective or iatrogenic interventions.

Assessment of Prevention and Treatment Systems for Substance Use Disorders (WHO 2006 -)

The overall purpose of the Substance Abuse Instrument for Mapping Services WHO-SAIMS is to provide information on prevention and treatment systems to decision-makers so that information can be used for policy planning, service design and service improvement.

Evaluating national drug strategies and action plans (EMCDDA 2010 – 2012)

The EU Drugs Action Plan 2009–2012 stipulates to develop analytical instruments to better assess the effectiveness and impact of drug policy and requires member states to evaluate and fine-tune national drug policies on a regular or ongoing basis. The EMCDDA is starting to address these issues within its 2010 work programme with the aim to develop European guidelines for the evaluation of national drug strategies.

EU minimal quality standards for drug demand reduction (work in progress DG-JLS 2010-2011)

By 2012, the European Commission plans to submit to the Council a proposal for an EU Consensus on minimum quality standards and benchmarks in drug demand reduction. The proposal aims to contribute to a measurable improvement of minimum quality

standards and benchmarks covering all components in the field of drug demand reduction: prevention, treatment, harm reduction and rehabilitation & reintegration in the EU Member States.

WHO Substance Abuse Intervention Mapping System SAIMS (2008 -)
The aim of this project is to close the gap between what is needed and what is currently available to reduce the burden of disorders related to substances abuse. Information made available in regular reports can be used to strengthen mental health care systems which will result in better care and services to individuals and communities.

Treatnet project to support capacity building and good practice worldwide (UNODC since 2006)
Treatnet is a UNODC initiated and supported network that aims to promote and support evidence-based and ethical treatment policies for substance use and abuse through diversified, effective and quality drug dependence treatment and rehabilitation services, including HIV/AIDS prevention and care.

Appendix 2

Observations on practical experiences from drug policies 2003 and 2010

Based on a range of signals and conclusions from the different sectors of work in the Pompidou Group between 2003 and 2010 the Permanent Correspondents of member States governments identified the following observations as of particular concern and relevance to drug policy makers (docs. P-PG /MinConf (2010) 1) and P-PG/MinConf (2006) 1):

Linking policy and research: It needs to be recalled that policy responses to drugs and drug-related problems cannot only be based on scientific evidence and vigour, but also need to take into account cultural influences, organisational structures and public opinion. It has to be noted that research results apparently seldom influence drug policy. Research results are frequently used, often in a selective and over-simplified way interpreted by political interest groups, in political debate in support of specific positions to which they correspond.

Human Rights: Including a human rights dimension in drug policies will help to underline the multidimensional nature of psychoactive substance use and addictions in terms of a range of inter-related and mutually reinforcing societal factors. Furthermore, the human

rights dimension would allow this aspect to be brought back to centre stage. Adding a human rights dimension to the evidence based approaches can help to refocus drugs policies on demand reduction and thus bring public health, as the first principle of drug control policies, back to the forefront.

Broad evidence base: With fundamental values serving as a starting point, evidence based policies can facilitate the development of timely and targeted responses to the multi-faceted and fast evolving problems that relate to drug use, and it is important to establish priorities and guidelines for the public funding of research institutions accordingly. Policy making on drug use should take into consideration not only evidence from research and experience from practice, but also concerns about the wider implications of policies. And simple reliance on empirical data when taking policy decisions will not be sufficient. Data quality, compatibility of statistics, and causal relations, must also be taken into account. Existing statistics need to be combined with interpretations from multidisciplinary perspectives, to be complemented by qualitative research and to be verified by professional experience. A strategy of this kind is more likely to unlock 'hidden knowledge' in existing data to be exploited in current and future research. Without investment in high quality data analysis the investment in statistics does not yield a valuable return.

Complexity: Given the complexity of the problems that societies face in relation to drug use, it is crucial that a multidisciplinary approach be adopted. This will require co-operative action across sectors and disciplines and will involve a variety of relevant agencies and stakeholders. Only such intersectoral action can take into account the different dimension of a specific problem and properly ensure the effectiveness of policies and the efficient use of resources.

Coherence: The aims of multisectoral co-operation must be inspired and guided by policy-makers. It is consequently of importance that the political concepts and messages of policy makers on the one hand are coherent with the messages of the different actors working in the field, on the other – not only when new policies are first implemented but also as their effects become known.

Analysis: Skills, tools and resources to evaluate the effect and impact of interventions need to be developed. This will require the strengthening of an evaluation culture in drugs programmes across Europe. A current challenge is to understand the extent to which drug use and drug users are influenced by drug policy. Understanding this requires research on the policy-making process itself and its consequences, in particular to identify and separate out intended and unintended outcomes and effects.

Realism: The setting of unrealistic success indicators can frustrate policy approaches and constitute an obstacle in establishing what actually works and has an impact. Successful policies must have realistic expectations and verifiable results. Outcomes need to be measurable to allow for proper implementation, management and assessment. For example, policy makers should be aware that there is currently no pedagogic evidence on the effectiveness of drug testing in schools as a means of preventing drug use and abuse. In cases where drug testing in schools is considered, all relevant pedagogical and legal issues, in particular ethics and human rights related questions, need to be taken into account.

Balance: The vast weight of evidence favours the balanced approach in supply and demand reduction policies. A tendency to invest more in supply reduction policies can be observed on some levels. It needs to be borne in mind, however, that despite new technologies and changing patterns of drug smuggling, only balanced policies addressing all relevant can be effective in tackling the problems related to illicit drugs.

Experimentation: Producing an evidence base for policy making has limitations in a multifaceted field such as drugs policies, since it is often difficult to establish causal relationships. It is thus equally viable to consider science and knowledge based approaches, for example. However it is important that these approaches do not stifle innovation and block the path for innovative policies. Of course, such innovative policies must accord with the international drug control system as enshrined in the UN Conventions. Within this framework, however, experimentation and unconventional approaches can help to develop new solutions and overcome existing barriers to effective policies.

Informed choices: The issue of informed choices is crucial to all decisions in connection with adopting policies, implementing interventions and deciding on drugs research. Choices to be made constitute critical factors in legislative decisions, legal determinations as well as personal choices. Being based on the notion of individual free will, the concept of informed choice has to be constantly reviewed in the light of emerging results from neurosciences and genetics as to what conditions human behaviour.

Supply reduction: To stop the production of synthetic drugs, early intervention at the beginning of the drug production chain is crucial. Special attention is given to the potential risk of airport personnel involved in drug trafficking. This type of crime can only be kept in check by a harmonised, international, multi-agency approach. In addition, new forms of co-operation with authorised private companies present at the airports are necessary to stay in control of airport crime risks.

Drug user registration: Registration systems for drug users require urgent reform since systems of patient registration are an important source of information for developing target group oriented treatment options. When setting up registration systems, due attention has to be paid to safeguarding clients' data. If

adequate data protection cannot be attained and demonstrated registration of drug users can constitute a barrier for people in need to seek treatment for fear of negative consequences.

Treatment systems: Drug treatment in European countries should be based on scientific evidence and good practice rather than on tradition, belief and unrealistic expectations. The perspectives of drug users, their relatives and others affected by the drug use and associated problems receive little attention. This can constitute a serious obstacle to the provision of adequate and successful treatment. Monitoring the application of treatment options and taking into account drug research results will provide information on what works and what impact is achieved.

Chronic condition: Drug abuse is often a long-term problem for individuals, and addiction constitutes a chronic disease. In previous years, this has regularly been underestimated. As a result, in many cases intervention concepts and related resource planning are placed in a short and medium term perspective based on a vague hope of cure and social re-integration. In order to be effective, time scales for interventions and services rendered must be readjusted to such realities. Proceeding from this, policies and services must also take into account that there will be a growing number of older drug users for whom adequate medical and social responses will have to be developed.

Co-operation: Partnerships between stakeholders at frontline level do not provide all the solutions to drug problems, but it can be more effective and resource-efficient than traditional approaches to implement such policies. An integrated approach combining law enforcement, treatment and prevention can improve the impact of drug policies. A prerequisite for implementing such integrated policies is the ability of the relevant stakeholders to co-operate in partnerships at first-line level.

Communication between stakeholders: Clarification and definition of the role, position, responsibilities of stakeholders in the drugs field, better to coordinate research, policy making and professional action, is needed to develop more effective policies. Policy makers need to request clear and specific guidance from research and practice to develop timely policy responses to issues of pressing importance. At the same time policy makers have to be aware that the full effect and sustainability of responses can only be assured if medium and long-term back-up policies are adopted and resourced. Research and practice need to understand better, and to incorporate into their work, the legitimate demands from the public and from policy makers to deliver results in reasonable time with clear and precise indications on required action and realistically anticipated results. Better synergy between stakeholders can help to avoid overlap and duplication at national and European level.

Participation: Active youth participation and involvement in drugs prevention is a reality across Europe and should be at the heart of drug prevention policies. Youth participation brings added value to efforts of governments and civil society in tackling drugs-related issues, because it has the potential to reinforce protective factors whilst impacting on risk behaviour.

Virtual tools: The use of information and communication technology provides added value to reduce drug abuse and addictions, if it becomes an interactive tool that links users with the professionals and agencies tasked to deal with drug-related problems. Whether information technology will play a positive role in diverting young people from substance use, or conversely be used as a means to promote it, will depend on support for young people in the development of their ability to deal with this adequately. Recognition of their capacities, resources and energy will determine the positive role they can play in reducing or preventing drug use.

Assessment: Evaluation requires further expansion and application in Europe. It should be understood that it is first of all an instrument for measuring impact and making practical improvements. When reduced to a tool for convincing funders or lobbying for resources, the scope and purpose of intervention will be distorted and consequently the usefulness of the assessment results will diminish.

Capacity building: The Pompidou Group has demonstrated in a wide range of activities, including MedNET co-operation and the Life Skills Training Programmes, its ability to contribute to the shaping and implementation of different interventions, as well as to the preparation of strategies and actions. In this way the Group's work can have demonstrable impact on drug policies. This can be a unique complementary contribution to EU action under its Neighbourhood Policy and related programmes, as potential to be borne in mind and utilised by decision makers wherever appropriate to support non-EU States in developing drug strategies and policies.