

## COUNCIL RECOMMENDATION

of 18 June 2003

## on the prevention and reduction of health-related harm associated with drug dependence

(2003/488/EC)

THE COUNCIL OF THE EUROPEAN UNION,

Having regard to the Treaty establishing the European Community, and in particular the second subparagraph of Article 152(4) thereof,

Having regard to the proposal from the Commission <sup>(1)</sup>,

Having regard to the opinion of the European Parliament <sup>(2)</sup>,

Having regard to the opinion of the European Economic and Social Committee <sup>(3)</sup>,

Having regard to the opinion of the Committee of the Regions <sup>(4)</sup>,

Whereas:

- (1) In accordance with Article 3(1)(p) of the Treaty, Community action is to include a contribution towards the attainment of a high level of health protection. The third subparagraph of Article 152(1) of the Treaty also makes provision for action in reducing drugs-related health damage, including information and prevention.
- (2) The European Council, meeting in Helsinki on 10 and 11 December 1999, endorsed the European Union Drugs Strategy 2000 — 2004 that covers all European Union drug-related activities and sets main targets. These targets include a substantial reduction over five years of the incidence of drug-related health damage (such as HIV, hepatitis B and C and tuberculosis) and the number of drug-related deaths.
- (3) The European Council, meeting in Santa Maria da Feira on 19 and 20 June 2000, endorsed the European Union Action Plan on Drugs 2000 — 2004 as a crucial instrument for transposing the European Union Drugs Strategy 2000 — 2004 into concrete actions which provide an effective integrated and multi-disciplinary response to the drug problem.
- (4) The Commission, in its Communication to the European Parliament and the Council on the European Union Action Plan to Combat Drugs (2000 — 2004), considered a comprehensive approach that should cover all areas of drug abuse prevention, from discouraging the initial use to reducing the negative health and social consequences as the best strategy.
- (5) The European Parliament, in its Resolution on the abovementioned Communication welcomed the objective of reducing the number of deaths among addicts and called on the European Union and its Member States

to encourage and develop damage limitation policies, without debarring individual Member States from adopting measures and pilot schemes in this area.

- (6) The programme of Community action on the prevention of drug dependence within the framework for action in the field of public health and the programme of Community action on the prevention of AIDS and certain other communicable diseases within the framework for action in the field of public health have supported projects aimed at preventing and reducing the risks associated with drug dependence, in particular by encouraging cooperation between the Member States, supporting their action and promoting coordination between their policies and programmes. Both programmes have been contributing to improving information, education and training aimed at preventing drug dependence and the associated risks, in particular, for young people and particularly vulnerable groups.
- (7) The decision of the European Parliament and of the Council adopting a programme of action in the field of public health (2003 — 2008) includes the development of strategies and measures on drug dependence, as one of the important lifestyle-related health determinants.
- (8) Since, according to research, the morbidity and the mortality associated with drug dependence affects a sizeable number of European citizens, the health-related harm associated with drug dependence constitutes a major problem for public health.
- (9) In accordance with the principle of subsidiarity, any new measure taken in an area which does not fall within the exclusive competence of the Community, such as prevention and reduction of risks associated with drug dependence, may be taken up by the Community only if, by reason of the scale or effects of the proposed action, the objectives proposed can be better achieved by the Community than by Member States. Prevention and reduction of risks associated with drug dependence cannot be confined to a geographical region or Member State and action therefore requires coordination at Community level.
- (10) Provisions should be made on reporting at national and Community level to monitor the measures taken by the Member States in this area, and the results thereof, and the way these Recommendations have been implemented.
- (11) The most important measure to reduce the risk associated with drug abuse is to prevent the abuse itself,

<sup>(1)</sup> Proposal of 17 May 2002 (not yet published in the Official Journal).

<sup>(2)</sup> Opinion delivered on 13 February 2003 (not yet published in the Official Journal).

<sup>(3)</sup> OJ C 61, 13.2.2003, p. 189.

<sup>(4)</sup> OJ C 73, 26.3.2003, p. 5.

HEREBY RECOMMENDS THAT:

1. Member States should, in order to provide for a high level of health protection, set as a public health objective the prevention of drug dependence and the reduction of related risks, and develop and implement comprehensive strategies accordingly.
  2. Member States should, in order to reduce substantially the incidence of drug-related health damage (such as HIV, hepatitis B and C and tuberculosis) and the number of drug-related deaths, make available, as an integral part of their overall drug prevention and treatment policies, a range of different services and facilities, particularly aiming at risk reduction; to this end, bearing in mind the general objective, in the first place, to prevent drug abuse, Member States should:
    1. provide information and counselling to drug users to promote risk reduction and to facilitate their access to appropriate services;
    2. inform communities and families and enable them to be involved in the prevention and reduction of health risks associated with drug dependence;
    3. 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;
    4. 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;
    5. promote networking and cooperation between agencies involved in outreach work, to permit continuity of services and better users' accessibility;
    6. provide, in accordance with the individual needs of the drug abuser, drug-free treatment as well as appropriate substitution treatment supported by adequate psycho-social care and rehabilitation taking into account the fact that a wide variety of different treatment options should be provided for the drug-abuser;
    7. establish measures to prevent diversion of substitution substances while ensuring appropriate access to treatment;
    8. 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;
  9. 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;
  10. provide where appropriate, access to distribution of condoms and injection materials, and also to programmes and points for their exchange;
  11. ensure that emergency services are trained and equipped to deal with overdoses;
  12. promote appropriate integration between health, including mental health, and social care, and specialised approaches in risk reduction;
  13. support training leading to a recognised qualification for professionals responsible for the prevention and reduction of health-related risks associated with drug dependence.
3. Member States should consider, in order to develop appropriate evaluation to increase the effectiveness and efficiency of drug prevention and the reduction of drug-related health risks:
    1. using scientific evidence of effectiveness as a main basis to select the appropriate intervention;
    2. supporting the inclusion of needs assessments at the initial stage of any programme;
    3. developing and implementing adequate evaluation protocols for all drug prevention and risk reduction programmes;
    4. establishing and implementing evaluation quality criteria, taking into account the Recommendations of the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA);
    5. organising standardised data-collection and information dissemination according to the EMCDDA recommendations through the REITOX national focal points;
    6. making effective use of evaluation results for the refining and development of drug prevention policies;
    7. setting up evaluation training programmes for different levels and audiences;
    8. integrating innovative methods that enable all actors and stakeholders to be involved in evaluation, in order to increase acceptance of evaluation;
    9. encouraging, in collaboration with the Commission, the exchange of programme results, skills and experience within the European Union and with third countries, especially the applicant countries.

4. 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.

HEREBY INVITES the Commission to:

- cooperate with the Pompidou Group of the Council of Europe, the World Health Organisation, the United Nations International Drug Control Programme and other relevant international organisations active in the field,
- prepare a report, in accordance with the European Union Action Plan on Drugs and with the technical support of the EMCDDA, with a view to the revision and updating of this Recommendation, on the basis of the information submitted by the Member States to the Commission and the EMCDDA, and the latest scientific data and advice.

Done at Luxembourg, 18 June 2003.

*For the Council*  
*The President*  
G. DRYG

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