

Informal public consultation of civil society on the EU Action Plan on Drugs (2005-2008)

Introduction

The European Commission organised an informal consultation of civil society with a view of getting its input on the EU Action Plan on Drugs 2005 - 2008. The consultation reflects the Commission's commitment to a more systematic dialogue with civil society. Even though Member States still bear the main responsibility for facilitating civil dialogue, Europe is increasingly seen as an effective platform for policy initiatives to promote social change. The Commission is aware that the role of civil society has to go beyond advocacy of causes or interests: Meaningful dialogue with policy makers leading to concrete results is also included in the new European Constitution and it is particularly important in areas that concern the citizens most and where they see the greatest need for action at EU level. Action on drugs and on how to deal with this issue is definitely one such area.

The informal consultation was implemented through a dedicated web site publication. The consultation letter was published on different Commission websites, sent to European NGO networks on drugs, to the Council Presidency and to the European Parliament for further distribution. It was also distributed by the EMCDDA to the Reitox focal points in the Member States. The exercise was also advertised at the EU Health Policy Forum, which brings together umbrella organisations representing stakeholders in the health sector to ensure that the EU's health strategy is open, transparent and responds to the public concerns.

Main findings

The Commission received 35 replies within the set deadline. It should be noted that many of these replies represent EU wide networks that sent a common reply instead of each of them responding separately. A few answers were received from individuals, political parties etc. The representativeness of the sample in terms of population is, of course, difficult to estimate but it did represent a rather wide variety of views on the drugs issue.

The comments range from rather detailed proposals to very general views on drug policy. This is partly due to the fact that the comments had to be given before even a draft of the Action Plan was available. The Commission did explain that the Action Plan would be based on the EU Drugs Strategy 2005 – 2012 but even this document was only available in a draft format on the Council's web site. Many saw this, as well as the rather tight schedule for giving replies, as a major obstacle for real and meaningful dialogue.

On drug policies in general, the views ranged from restrictive policies to rethinking of whole policies and into legalisation/decriminalisation of at least some substances. Different proposals were also made as to where European drug policies should be made. Some called for more decision making at the EU level, whereas others reminded of the need to respect the sovereign decision making power of the Member States. The overall view was that drug policies have to be based on evaluation of what works and what doesn't. According to the replies, much of this information is already available but is often disregarded or not known by policy makers.

There was great deal of support for the idea that drug policy has to be balanced between demand and supply reduction, with law enforcement mostly concentrating on the traffickers rather than the users. Mainstreaming of drug policies in wider social, health, employment and other relevant policy fields was also felt to be important, also because of limited resources in each field. Finally, there were many comments on the coverage of any drug strategy in the sense that many wanted also alcohol, tobacco and misuse of medicinal products to be covered.

Many respondents were worried about the lack of transparency in drug policy making, both at national and especially at the European level. There was also a concern that the EU Drug Strategy seems to come with no budget attached for its implementation.

Coordination was mentioned by many as being a key issue for effective drug policies. Most of those, who commented on coordination, felt that the views of the civil society are not duly taken into account in drug policy decision making either at national or at the EU level and/or NGOs don't even have a chance to feed in their views into the policy making process. The request from civil society was very clear on this – there need to be structures to ensure that the representatives of civil society can articulate their case effectively. The drug networks felt that it's especially important to have a 'network of networks' both at the national and at the EU level.

Demand reduction was, by far, receiving more comments than any other drug policy field. The comments received reflect well the ongoing discussions on where the emphasis on demand reduction should be. Some argue that prevention, especially preventing the first use of drugs, should be the primary concern. Others would concentrate more on drug using population and providing services for them. Harm reduction divided the respondents. By some it was seen as a failure of prevention policy, others saw it as an integral, even crucial, part of any demand reduction strategy.

Treatment was another area receiving many comments. The need for a variety of accessible services was universally accepted and many raised concern of the availability of services, especially for the most marginalised groups (e.g. drug users belonging to ethnic minorities).

HIV/aids was a special concern in many replies. Especially respondents in the new Member States reminded of the HIV situation on the Eastern border of the EU, especially Russia and Ukraine, and in some new Member States. Many saw a need for quick and effective action against the spread of HIV as being the primary target of any drug strategy. HIV and drugs were also mentioned to be a big and growing problem in prisons requiring urgent action.

Supply reduction was not often mentioned in the replies. Some saw the need to have more clearly defined, concrete targets for law enforcement cooperation in the EU. Crime prevention was a theme often mentioned and some referred to the role of the police in drug prevention. New trends and routes in drug trafficking and their effects on drug related crime were seen as a threat requiring an EU response.

International cooperation was another field with relatively little comments. Many mentioned the UN Drug Conventions as well as the UNGASS principles. Some felt that the work done within the UN framework should be more emphasised in the EU Action Plan, whereas other saw a need for rethinking the international drug control system represented by UN. Most agreed that the EU should coordinate better its work in the UN meetings and argue more strongly for an EU balanced approach on drugs.

Many emphasised the need to work closely with the Candidate Countries, as well as with other neighbouring countries on drug issues.

Information, evaluation and research were all seen as key elements of any evidence based drug policy. Many acknowledged that a lot of information was already available but was not disseminated properly and/or not used in policy making. Many also identified information gaps and doubts on the reliability some of the existing information. Evaluation was seen as the only way towards evidence based drug policies and while a lot of evaluation is carried out, it also suffers from poor dissemination of the results. Research themes and topics were mentioned together with the general comment that research often suffers from lack of funding.

Conclusions and way forward

Considering the limited time available for this informal consultation, most of the contributions were of very high quality and well thought of. They reveal that civil society does indeed speak with many voices and that it is difficult, if not impossible, to construct one single 'civil society perspective'. Drugs and drug policies are issues, where views differ a lot and this distinction is also evident in the replies.

The Commission is using the input from this informal consultation in the drafting of its proposal for the EU Action Plan on Drugs (2005 – 2008). The Commission initiative will be presented in the Council and the European Parliament in the first quarter of 2005.

The main conclusion drawn from the whole process is that there is a need to look very carefully into ways of better inclusion of civil society in policy planning and even implementation at all levels.

The Commission will take an initiative, in 2005, to structure cooperation with the civil society in the drugs field in such a way as to ensure a sustainable exchange of views, experiences and best practises between the different actors, and provide both input and feedback on drug issues at the EU level. A specific proposal on this will be made expected in the first months of 2005.