



Council conclusions
on the implementation of the EU Action Plan on Drugs 2013-2016
regarding minimum quality standards in drug demand reduction in the European Union

THE COUNCIL OF THE EUROPEAN UNION

NOTING:

- that differences exist among Member States with regard to the quality of interventions and services provided to reduce drug demand and that minimum quality standards in drug demand reduction in EU are desirable to bridge the gaps between existing practices and to raise the overall level of quality;

- that Europe, after years of experience and research, has gathered sufficient evidence on the degree of effectiveness of various drug demand reduction interventions to allow a set of minimum quality standards to be agreed at EU level;

- that the implementation of minimum quality standards can improve the effectiveness and efficiency of drug prevention programmes, harm reduction services and drug treatment and rehabilitation;

- that the current budgetary situation requires decision-makers to attain sustainable health care while ensuring a high level of quality, accessibility and coverage of effective and diversified drug demand reduction measures;

- that the objective of these Council Conclusions is to support Member States in embedding coordinated, best practice and quality approaches in drug demand reduction, they do not constitute a call for new EU legislation.

RECALLING:

- that under Article 168 of the Treaty on the Functioning of the European Union, a high level of human health protection shall be ensured in the definition and implementation of all Union policies and activities, and Union action which is to complement national policies shall be directed towards improving public health, and also to encourage cooperation between the Member States in the field of public health and, if necessary, lend support to their action, and fully respect the responsibilities of the Member States for the definition of their health policy and for the organisation and delivery of health services and medical care;
- the EU Drugs Strategy 2013-2020, which calls for the development and implementation of quality standards in prevention (environmental, universal, selective and indicated), early detection and intervention, risk and harm reduction, treatment, rehabilitation, social reintegration and recovery;
- action 9 of the EU Action Plan on Drugs 2013-2016, which builds on a similar action in the Action Plan on Drugs 2009-2012 and which requires the Council, the Horizontal Working Party on Drugs, the Member States, the European Commission and the EMCDDA to “agree and commence the implementation of EU minimum quality standards, that help bridge the gap between science and practice, for: (a) environmental, universal, selective and indicated prevention measures; (b) early detection and intervention measures; (c) risk and harm reduction measures; and (d) treatment, rehabilitation, social integration and recovery measures”;
- the recommendations made by the Civil Society Forum on Drugs in December 2014, calling for the adoption of European minimum quality standards and gradual implementation supported by sufficient funding;
- the results of projects such as Study on the Development of an EU Framework for Minimum quality standards and benchmarks in drug demand reduction (EQUUS), European Drug Prevention Quality Standards (EDPQS) and practical experience and evidence gathered at the EMCDDA Best Practice Portal;

- the outcomes of the conference on minimum quality standards organised by the European Commission in July 2011 and the public consultation on the Commission communication “Towards a stronger European response to drugs”, supporting the establishment of European minimum quality standards.

SETS OUT the following EU minimum quality standards in drug demand reduction, in the areas of prevention, risk and harm reduction, treatment and rehabilitation, with a view to supporting and promoting a qualitative approach in drug demand reduction interventions in the EU:

I. Prevention

- a. Prevention (environmental, universal, selective and indicative) interventions are targeted at the general population, at populations at risk of developing a substance use problem or at populations/individuals with an identified problem. They can be aimed at preventing, delaying or reducing drug use, its escalation and/or its negative consequences in the general population and/or subpopulations; and are based on an assessment of and tailored to the needs of the target population;
- b. Those developing prevention interventions have competencies and expertise on prevention principles, theories and practice, and are trained and/or specialised professionals who have the support of public institutions (education, health and social services) or work for accredited or recognised institutions or NGOs;
- c. Those implementing prevention interventions have access to and rely on available evidence-based programmes and/or quality criteria available at local, national and international levels;
- d. Prevention interventions form part of a coherent long-term prevention plan, are appropriately monitored on an ongoing basis allowing for necessary adjustments, are evaluated and the results disseminated so as to learn from new experiences.

II. Risk and harm reduction

- a. Risk and harm reduction measures, including but not limited to measures relating to infectious diseases and drug-related deaths, are realistic in their goals, are widely accessible, and are tailored to the needs of the target populations;
- b. Appropriate interventions, information and referral are offered according to the characteristics and needs of the service users, irrespective of their treatment status;
- c. Interventions are available to all in need, including in higher risk situations and settings;
- d. Interventions are based on available scientific evidence and experience and provided by qualified and/or trained staff (including volunteers), who engage in continuing professional development.

III. Treatment, social integration and rehabilitation

- a. Appropriate evidence-based treatment is tailored to the characteristics and needs of service users and is respectful of the individual's dignity, responsibility and preparedness to change;
- b. Access to treatment is available to all in need upon request, and not restricted by personal or social characteristics and circumstances or the lack of financial resources of service users. Treatment is provided in a reasonable time and in the context of continuity of care;
- c. In treatment and social integration interventions, goals are set on a step-by-step basis and periodically reviewed, and possible relapses are appropriately managed;
- d. Treatment and social integration interventions and services are based on informed consent, are patient-oriented, and support patients' empowerment;
- e. Treatment is provided by qualified specialists and trained staff who engage in continuing professional development;

- f. Treatment interventions and services are integrated within a continuum of care to include, where appropriate, social support services (education, housing, vocational training, welfare) aimed at the social integration of the person;
- g. Treatment services provide voluntary testing for blood-borne infectious diseases, counselling against risky behaviours and assistance to manage illness;
- h. Treatment services are monitored and activities and outcomes are subject to regular internal and/or external evaluation.

EMPHASISES THAT:

- EU minimum quality standards in drug demand reduction must respect ethical principles, human rights, confidentiality, cultural and social characteristics, including gender issues and health inequalities;
- interventions implementing these standards should be properly designed, duly monitored and evaluated;
- interventions implementing these standards should be based on an assessment of needs and tailored to the needs of the target population;
- these standards should represent a minimum benchmark of quality and therefore their implementation should not restrict the implementation of higher and more far-reaching quality standards in demand reduction services where possible;
- implementation of these standards in the EU should be a gradual process focused on efficiently adapting existing services, programmes and systems;
- adaptation and implementation of these standards should fully respect the responsibilities of the Member States for the definition of their health policy and the organisation and delivery of health services and medical care, while encouraging exchange of best practice and joint implementation effort at EU level;
- while none of these standards should hamper the introduction of innovative interventions and programmes, newly designed interventions should be based on available theory, evidence, practice and/or standardised processes, properly monitored and evaluated and the results should be disseminated so as to learn from new experiences.

INVITES MEMBER STATES:

- to plan and to support drug demand reduction interventions and programmes in accordance with these standards and invest in monitoring and evaluation as well as in dissemination of the results so as to learn from new experiences;
- to provide, when necessary, training for practitioners and developers in the area of drug demand reduction in line with these standards;
- to engage in inter-ministerial cooperation to support implementation of these standards;
- to involve civil society in the implementation of these standards, including in planning, introduction, monitoring and evaluation as well as in dissemination of the results so as to learn from new experiences.

INVITES THE COMMISSION:

- to consider financial support for projects and programmes from within the existing multiannual financial framework that promote the exchange of best practices in the implementation of these standards;
- to examine progress in the implementation of these standards, as a part of its regular progress reviews on the implementation of the EU Action Plan on Drugs, to be prepared on the basis of input provided by Member States and the EMCDDA, including, when feasible and available, data from other international organisations such as the United Nations Office on Drugs and Crime and the World Health Organisation.

INVITES THE EMCDDA:

- to continue gathering evidence on effective interventions and services in drug demand reduction and provide Member States with technical support and expertise in the implementation of these standards, in line with available resources and information available from Member States;
- to include information on EU minimum quality standards in its annual reporting, using existing tools.

REQUESTS that the progress made at EU level in this area is assessed on the basis of the Commission reviews and in time for the final assessment of the EU Drugs Strategy 2013-2020;

REFLECTS on the need of further refinement of the EU minimum quality standards following that assessment.
