

## Recommendations from a European Perspective

*CSFD intervention at the CND thematic intersessional on treatment*

*19<sup>th</sup> October*

Good morning,

My name is Laurène Collard and I am the current chair of the Civil Society Forum on Drugs. The CSFD is an expert group to the European Commission gathering 45 civil society organisations across Europe and representing the diversity of fields and stances on the subject.

We are here to provide a set of recommendations from the European perspective to strengthen the field of treatment in the upcoming years. We thank the VNGOC for giving us the chance to participate today.

### **Recommendation 1: Promote the public health perspective**

Drug dependence and other addictive disorders are a matter of public health and drug dependence services should be **considered essential** public healthcare services. Ensuring the continuity of treatment services is particularly needed in times of COVID.

Organizations that provide evidence-based treatment **should be integrated into each country's healthcare system** to improve the quality of the services. Unfortunately, the reality is that certain treatment modalities, such as therapeutic communities are sometimes **marginalized and undervalued**. This needs to change.

Additionally, this public health perspective on drugs will help **eliminate stigma**, which constitute one of the biggest obstacles for entering and adhering to treatment, particularly among women.

### **Recommendation 2: Need to assess the magnitude of the problem and provide sufficient resources**

Public authorities should not only take into account the most problematic profile of uses but they also should widen the scope of treatment programmes and include populations who are often forgotten. This should result in a higher funding at national level.

Treatment programmes are scarcely funded and decision makers need to implement high-quality treatment services and to provide the funding required to operate them.

### **Recommendation 3: Need to strengthen the continuum of care logic**

The **split between harm reduction services and drug treatment** services stands in the way of offering effective care. Treatment is a continuum of methods, and abstinence can occupy different positions on this continuum. While harm reduction services endeavour to mitigate the risks that arise from drug use, detoxification and rehabilitation objectives are typically left out, and since drug treatment programmes are often seen as only abstinence-oriented, they are not included in the World Health Organization's Harm Reduction package.

Regarding **opioid substitution treatment**, we would like to emphasize that the use of illegal drugs while in OST should never be a reason for excluding a client from the programme. The medication dosage must never be adjusted as a reward or a punishment.

We recommend to include the **recovery** perspective in national healthcare system to ensure greater effectiveness of care.

### **Recommendation 4: Need to take into account all profiles of people who use drugs**

There is a clear need to advance in the research, design and implementation of programmes for profiles such as:

- Young people and their families
- Homeless people
- Aging population
- Women
- LGBTQI+ community
- People with disabilities
- Migrants and refugees

Additionally, treatment programmes should include an **intersectional perspective** as well as a **gender perspective**. All of this would require the **professional teams to be trained**.

### **Recommendation 5: Ensure treatment in prison settings**

We support offering treatment as an appropriate alternative to imprisonment and even more so, in times of COVID where prison overcrowding poses a major problem.

Based on the equivalence of care principle, countries should ensure that evidence-based treatments, including OST and other pharmacological treatments are provided in prison settings. Currently, only fifty-four countries across the world provide OST for people with drug dependence in prison.

Additionally, the continuity of care between the community and the prison upon admission and after release is key to ensuring the effectiveness of prison-based drug treatment programmes.

### **Recommendation 6: Support the lessons learned from COVID**

The field of treatment has been very innovative during COVID with the introduction of more flexibility in OST prescription and greater use of e-health options. We recommend to evaluate and monitor the impact of such changes on services and their clients, and adapt the services according to the evidence.

All in all, CSFD considers that treatment is not considered a priority in the international and national political agendas. And it should be. As noted by the Ministerial Declaration, treatment services are falling short of meeting expectations and needs. We know that research, innovation, funding and political will could prove decisive in improving and strengthening evidence-based treatment services. Our recommendations, as Civil Society, can allow to do that and meet our common objectives. Therefore, treatment should definitely be in the political agenda.

Thank you.