



ENDING THE WAR ON DRUGS IN EUROPE AND IN THE WORLD

OUR VISION OF A EUROPE FOR HEALTH

OUR RECOMMENDATIONS FOR THE FUTURE MEMBERS OF EUROPEAN PARLIAMENT

JUNE 2024



JUST SAY NO
TO THE WAR ON DRUGS

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Signatories:



WE WANT

The European Union, and Europe as a whole, must work towards drugs policies centred on health, on respecting human rights, on reducing social inequalities and on fighting all repressive forms of discrimination and stigmatisation. We want evidence-based drugs policies.

WE ASK FOR

The European Parliament to end the war on people who use drugs :

- **to take a strong stand** for the abolition of laws criminalising the use and possession of drugs for personal use;
- **to encourage the involvement of civil society and the people concerned** in the development, implementation and evaluation of policies;
- **to strengthen data collection, health monitoring and research programmes** in order to monitor decriminalisation;
- **to carry a progressive and humanist voice on the international stage** calling for an end to the war on drugs and for drugs policies to be in line with the sustainable development goals and recommendations of the Pompidou Group¹¹.

To implement and fund evidence-based harm reduction interventions in line with the official recommendations of the EMCDDA¹², the WHO¹³ and UNAIDS¹⁴:

- **ambitious harm reduction policies for all**, taking into account the specific needs of women, migrants, trans people, sex workers, people in prison, homeless people, young people and people who use substances in a sexual context (chemsex);
- **free and universal access to various substitution treatments**, free access to Naloxone® (emergency treatment for overdoses) in all its forms (nasal spray and intramuscular injection), and its community delivery;
- **increasing the availability of free harm reduction equipment;**
- **promoting low-risk consumption rooms** offering supervised injection facilities;
- **reinforcing education and support for injection;**
- **developing drug analysis and testing** as a risk reduction tool.

¹¹<https://rm.coe.int/p-pg-2022-20-declaration-de-lisbonne-final-fr/1680a96ad1> ¹²https://www.emcdda.europa.eu/publications/joint-publications/prevention-and-control-infectious-diseases-among-people-who-inject-drugs-2023-update_en ¹³<https://iris.who.int/handle/10665/360601> ¹⁴https://www.unaids.org/en/resources/presscentre/featurestories/2017/june/20170621_harm_reduction

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In one of its focus areas, "Saving lives: decriminalisation"¹, UNAIDS takes the following strong position: "decriminalisation is an critical element to end AIDS by 2030". Furthermore, decriminalisation does not encourage drug use. Since decriminalising in 2011, levels of drug use in Portugal have remained below the European average, whatever the product. This is particularly true among young people: within the EU, Portugal has one of the lowest levels of drug use in the 15-34 age group².

Community NGOs are whistleblowers on health crises and problems faced by people who use drugs

The early 90s saw the introduction of the Anglo-Saxon concept of "Harm Reduction". This pragmatic public health approach involves supporting people and working with them to find solutions that are adapted to and respectful of their practices, in order to reduce the risks of HIV and HCV transmissions.

Thanks to this link with key populations, community NGOs are able to identify emerging health issues and the responses they need to provide.

For example, 10 years ago, they began collecting data on slam (the use of psychoactive substances by injection in a sexual context)³, and were then the first to alert public authorities to the problems associated with chemsex (the use of psychoactive substances for sexual purposes) and to offer relevant solutions. Even today, the community approach, which involves working with a group of people (the community) united by the same issues and the same desire for action, enables community NGOs to identify people's needs in terms of sexual risk reduction and drug use, and to support them individually or in groups. Together, they find the resources to develop solutions to their problems, act on their environment and improve their daily lives and health. This local knowledge enables them to propose actions to prevent the acquisition of HIV and HCV, as well as to inform and alert people to the development of the

public health issue that chemsex has become.

Today, regarding the developments and the opioid crisis in Canada, the United States and the UK⁴, we need to strengthen monitoring systems to detect consumption trends as early as possible. For example, the monitoring system of the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) could be strengthened by Community analysis of products, which would make it possible to reach the most remote populations and obtain immediate results.

Harm reduction and support policies are more effective, easier to implement and much less costly than repressive policies⁵.

Decriminalisation promotes harm reduction and reduces the risk of HIV and HCV transmission

Penalising the use of psychoactive substances marginalises people who use drugs. It forces them to hide their use as they fear of being criminalised or stigmatised, and it distances them from the health system and harm reduction. These findings are shared by WHO, UNODC and UNAIDS, which states that "punitive laws have been shown to block HIV service access and increase HIV risk" and that "countries that criminalise key populations [including people who use drugs] have made less progress towards HIV testing and treatment targets over the past five years"⁶. In this way, repressive policies are holding back the decline in the HIV and HCV epidemics. Looking at the countries of the European Union, those that have decriminalised drug use and doubled their efforts on harm reduction have a much lower prevalence of HIV and HCV. This is the case, for example, in Croatia⁷ and the Czech Republic⁸, where drug users are around one hundred times less likely to be infected with HIV and half as likely to be infected with HCV than in Poland or Romania⁹. In addition, the number of harm reduction programmes deployed is on average 20 times higher in countries that have decriminalised.

¹ <https://unaids.org/en/topic/decriminalization> ² <https://www.ofdt.fr/publications/collections/bilans/depénalisation-des-drogues-au-portugal-bilan-20-ans-apres/> ³ https://bdoc.ofdt.fr/doc_num.php?explnum_id=15732 ⁴ <https://www.bmj.com/content/383/bmj.p2421> ⁵ <https://harmreductioneurasia.org/drug-policy/criminalization-costs-2> ⁶ <https://unaids.org/en/topic/decriminalization> ⁷ <https://idpc.net/news/2012/12/croatia-decriminalizes-drug-use> ⁸ https://www.europarl.europa.eu/doceo/document/E-7-2010-1106_EN.html ⁹ <https://hri.global/flagship-research/the-global-state-of-harm-reduction/the-global-state-of-harm-reduction-2022/> ¹⁰ <https://hri.global/flagship-research/the-global-state-of-harm-reduction/the-global-state-of-harm-reduction-2022/>



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