Parliamentary Assembly
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COUNCIL OF EUROPE
CONSEIL DE L'EUROPE

Resolution 1576 (2007)[1]

For a European convention on promoting public health policy in drug control

Parliamentary Assembly

1. Drug addiction is a complex biological, psychological and societal problem, of which scientific research and practical experience have made it possible to broaden our knowledge. Increasingly, this improved knowledge allows the implementation of a drugs policy focused on preserving public health, for individual addicts and for society. Although many scientific questions concerning dependency remain unanswered, the aspects linked to public health, the effectiveness of prevention and of medical treatments and improved protection of society against the resulting health risks are now better known.

2. Since the late 1960s, considerations of public health have played an increasingly important role in pragmatic, scientifically-based policies with regard to fighting against drugs in many member states of the Council of Europe. The right to health provides the cornerstone principle on which such considerations are based. This right is recognised in the Council of Europe acquis (Articles 11 and 13 of the revised European Social Charter, ETS No. 163) as well as in numerous other international and regional human rights treaties. It grants every individual the right to enjoyment of the highest attainable standard of health, defined by the World Health Organization as a state of complete physical, mental and social well-being.

3. A number of key public health responses to "problem drug use" have emerged in past decades, including substitution treatment, needle exchange programmes and psychosocial treatment. These measures have had a marked effect on the successful long-term rehabilitation of drug users and their reintegration into society. The resultant benefits have been felt by society as a whole, through reductions in the incidence of criminal behaviour, reduced costs for health and criminal justice systems, reduced risks of transmission of HIV and other blood-borne viruses, increased productivity and, ultimately, reduced drug use levels.

4. However, these responses have so far been employed only on a fragmentary basis across Europe. This is despite the fact that their utility and cost-effectiveness is now widely documented. According to estimates cited by the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA), for example, every dollar invested in opioid dependence treatment programmes may yield a return of between US$4 and US$7 in reduced drug-related crime, criminal justice costs and theft alone. When savings related to health care are included, total savings can exceed costs by a ratio of 12 to 1.

5. Moreover, recent world trends have provided additional proof of the resounding failure of efforts to reduce the production and supply of drugs. The current illegal drugs market in Afghanistan, the world's largest producer of heroin, provides ample evidence, if evidence were needed, of the ineffectiveness in addressing the drugs problem in a comprehensive manner. Despite six years of military action to restrict the poppy crops in the country, the United Nations has confirmed that poppy crop production in Afghanistan has reached a record level, which is 60% higher for the year 2006-2007 than for the previous year.

6. Steps being taken in the European Union (EU) as part of the EU Drugs Strategy 2005-12 aim to achieve a high level of health protection by complementing EU member states' action in preventing and reducing drug use and dependence and drug-related harm to health and society. In particular, the strategy places a high priority on improving access to a range of public-health-orientated responses that can reduce

1. Assembly debate on 3 October 2007 (33rd Sitting) (see Doc. 11344, report of the Social, Health and Family Affairs Committee, rapporteur: Mr Flynn). Text adopted by the Assembly on 3 October 2007 (33rd Sitting).

the morbidity and mortality associated with drug dependence. However, it is clear that special efforts need to be taken in relation to eastern Europe and central Asia, where political and infrastructural obstacles have hindered the implementation of such responses. The escalating HIV/Aids pandemic in these regions provides an added urgency to this imperative: 80% of HIV cases with a known route of transmission in eastern Europe and central Asia are due to intravenous drug use.

7. The geographic sphere of influence of the Council of Europe makes it the ideal forum to undertake such efforts and send an unequivocal signal to its member states, giving them a framework to develop public-health-orientated responses to problem drug use, an approach encouraged by the Pompidou Group and the International Federation of Red Cross and Red Crescent Societies (IFRCS). To this end, the Parliamentary Assembly calls upon member states to work together to design a convention promoting public health policy in drug control. This convention should complement existing legal instruments in the areas of drug control, human rights and public health. It should consolidate scientific and medical knowledge in a framework document which may form the basis for the design of national drug strategies.

8. The Council of Europe convention should be predicated on the following three interdependent objectives:

8.1. to promote, as a fundamental human right, the right to health in the context of problem drug use;

8.2. to clarify the scope of the right to health as it applies to problem drug use;

8.3. to help identify good practices for the exercise of the right to health as it applies to problem drug use at community, national and international levels.

9. In pursuit of these objectives, the convention, which should be complementary to the existing framework of national drug policies, should incorporate the following four elements:

9.1. prevention and education, including measures targeting the special needs of marginalised and vulnerable groups;

9.2. treatment, covering a range of methods, including substitution treatment and needle exchange programmes, and incorporating a psychosocial component as integral to the various treatment methods;

9.3. rehabilitation and social reintegration, including treatment alternatives to imprisonment and labour market rehabilitation;

9.4. monitoring and evaluation, aimed at identifying best practices.

10. In so far as many of the negative consequences of drug use are felt at local level, the convention should also seek to reaffirm the principle of subsidiarity, by encouraging consideration of the various ways that more local government agencies may act effectively. In this way, it is intended that health-driven drug policy responses be guided by scientific evidence as well as local conditions.

11. In order to promote the effective implementation of the convention, the Assembly calls on member states:

11.1. to extend the scope of drug demand reduction programmes, assess them and disseminate the best practices assessed;

11.2. to improve access to prevention programmes in schools and make them more effective;

11.3. to improve prevention methods and the detection of risk factors in certain target groups, especially young people, as well as the dissemination of these data to the professionals in order to implement early intervention programmes;

11.4. ensure that targeted treatment, re-education and social reintegration programmes are available and accessible. These programmes should incorporate tested psychosocial and pharmacological strategies, and include drug addicts not reached by existing services with particular attention being paid to specialised services for young people, and rehabilitation of drug addicts in the labour market;

11.5. develop further alternatives to imprisonment for drug addicts and the setting up of prevention, treatment and reintegration services for prisoners;

11.6. improve access to harm-reduction services and treatment, and set up programmes to prevent the propagation of the Aids virus, the hepatitis C virus and other blood-borne diseases and endeavour to reduce the number of drug-related deaths;

11.7. encourage research into the factors underlying dependency and such questions as the effects of certain drugs and effective health measures;

11.8. implement operational enforcement programmes in order to reduce the production of heroin, cocaine and cannabis, as well as synthetic drugs and trade in them, in particular by devising operational joint programmes, collecting intelligence on third countries involved in manufacturing and trading in such drugs, sharing best practice and exchanging information;

11.9. devise and implement measures targeted at money laundering and the seizure and re-use of financial products connected with drugs, in particular through exchanges of information and best practice;

11.10. encourage co-operation with international organisations such as the IFRCS and the EMCDDA, as well as with civil society and community groups from areas most affected by problem drug use;

11.11. encourage the creation, in national parliaments, of mechanisms and structures which promote public health responses to problem drug use in the national context, such as all-party parliamentary groups;

11.12. provide appropriate financial support.