Disclaimer

The Handbook on drug policy development for countries in the Central Asian region presents the main results of a study carried out within the framework of the Central Asia Drug Action Programme - Phase 7 (CADAP 7) in the «Drug Policy» component. The content of this handbook should be considered solely as a product of CADAP 7.
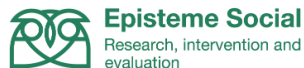
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AIDS	Acquired Immunodeficiency Syndrome
APC	Alcohol Per capita Consumption
ATS	Amphetamine-type Stimulant
CA	Central Asia
CADAP	Central Asia Drug Action Programme
CBT	Cognitive Behavioural Therapy
CDC	Centre for Disease Control and Prevention
EMCDDA	European Monitoring Centre for Drugs and Drug Addiction
EU	European Union
HBV	Hepatitis B
HCV	Hepatitis C
HED	Heavy Episodic Drinking
HIV	Human Immunodeficiency Virus

IDU	Injecting Drug Use
LGBTIQ+	Lesbian, Gay, Bisexual, Transgender, Intersex, Queer and any other kind of sexual orientation
NPS	New Psychoactive Substances
OAT	Opioid Agonist Treatment
US	United States
UNODC	United Nations Office on Drugs and Crime
WHO	World Health Organisation

1. Introduction

The Episteme Social team, in the context of the CADAP 7 PROGRAMME and specifically in the framework of Outcome 1, has developed the «Handbook for the Development of Public Drug Policies for the Countries of the Central Asian Region». This handbook is a tool designed to guide policy makers in the field of drugs in Central Asian countries. It aims to effectively and evidence-based address the complex challenges associated with the use and trafficking of psychoactive substances in the region.

In line with ongoing efforts to promote effective and sustainable anti-drug strategies in Central Asia, the CADAP 7 Programme stands as a significant framework for action. The Handbook is designed to provide, from a theoretical perspective, the «good practices» identified by the European Monitoring Centre for Drugs and Drug Addiction. These practices are considered as interventions with positive effects on target populations, always considering the context and based on experiences implemented by different EU Member States.

The content of the Handbook has been developed in a comprehensive manner, combining theoretical and practical approaches to be of use to decision-makers. It seeks to provide a comprehensive understanding of the process of elaboration, implementation and evaluation of specific public policies in the face of situations arising from the drug phenomenon. In addition, it highlights the importance of the European Union Drugs Strategy 2021-2025, with the aim of understanding the strategic lines that the European body wishes to deepen, derived from the situations that are manifested in the EU in the field of drugs.

1.1   Drug policies in Central Asia

In the dynamic drug-related landscape of the Central Asian region, distinctive strategies have been developed to address the multifaceted challenges posed by the drug phenomenon. While each country's approach has its unique nuances, there is a collective dedication to promoting prevention measures, improving control mechanisms and fostering strong international cooperation. This commitment underscores the shared recognition among these nations that a comprehensive and collaborative response is important to effectively address the intricate

issues associated with drug trafficking, substance use and the broader ramifications on societal well-being.

- **GLOBAL COMMITMENT**

  All countries in the region share a firm commitment to address emerging drug-related risks in their respective markets. This commitment is manifested through measures that seek to improve preventive systems, conduct comprehensive drug situation analyses and actively collaborate with international organisations.

- **EVIDENCE-BASED APPROACH AND LEGISLATIVE IMPROVEMENTS**

  Several countries stress the importance of adopting measures based on scientific evidence and international best practices. In addition, there is an ongoing effort to align national legislation with international standards, such as those set by the World Health Organisation (WHO) and the United Nations Office on Drugs and Crime (UNODC).

- **PREVENTION AND SUPPLY CONTROL**

  Most countries in the region prioritise prevention and supply control as fundamental axes in the approach against the drug phenomenon. This translates into an explicit focus on the implementation of prevention programmes, as well as the promotion of healthy lifestyles to discourage drug use.

- **INTERNATIONAL COOPERATION AND BORDER STRENGTHENING**

  International cooperation is a significant pillar in national strategies. In addition, measures such as the strengthening of border crossings, the use of advanced technology in detection and the eradication of illegal crops demonstrate a comprehensive approach to tackling drug trafficking in the region. In addition, various harm reduction measures are also being implemented in the region.

- **ONGOING MONITORING AND EVALUATION**

  Countries in the region show a constant commitment to monitoring and evaluation of the strategies implemented. This includes the continuous review of results, the improvement of legal frameworks and professional training in the prevention and control of the drug market.

In a concerted effort, drug policies in Central Asia embody a consolidated commitment to adopt and implement a spectrum of meaningful measures. Rooted in the principles of international collaboration, these policies are carefully tailored to fit the nuanced realities unique to each country in the region. This holistic approach, characterised by multi-faceted strategies, demonstrates a forward-looking perspective that transcends immediate challenges. By promoting synergy among nations and adapting interventions to the constantly

evolving dynamics of the drug landscape, the collective effort is poised not only to address existing problems, but also to anticipate and proactively address future complexities associated with the persistent drug phenomenon in this geographic expanse.

1.2   Challenges facing the Central Asia Region

In the complex geopolitical fabric of Central Asia, tackling the drug phenomenon presents a shared challenge, although each nation in the region faces specific nuances. From Kazakhstan to Uzbekistan, the intricate reality is woven through the interconnectedness of various factors, such as drug trafficking routes, consumption patterns and geographical proximity to Afghanistan, among others. This section dives into a detailed analysis of the challenges faced by each country, identified in the previous phases of CADAP 7 Outcome 1, highlighting the particular factors that influence the complex drug dynamics in the Central Asian region.

In the context of Kazakhstan, several factors are identified as having an impact on the drug problem in the country. The «Northern Route» facilitates the flow of substances from Afghanistan, while the problem of drug use is mainly focused on injecting drug users (IDUs). The urgency lies in infection through unsafe practices. In addition, the use of home-made codeine-based drug preparations and the accelerated growth of the New Psychoactive Substances (NPS) market in recent years further complicate the situation.

In the case of Kyrgyzstan, the drug situation is influenced by negative social processes that perpetuate the constant demand for illegal trafficking of substances. Factors such as the international transit of drugs, the availability of raw materials for illicit production, and the geographical proximity to Afghanistan, constitute significant challenges. International organised criminal activity, the emergence of NPS and the limited supply of controlled psychoactive drugs for medical and scientific purposes further complicate the picture.

In Tajikistan, drug trafficking from Afghanistan and its subsequent transportation to other countries are critical factors. The expansion of the illegal drug trade through the use of the internet, the illicit importation of NPS, and the increase in non-prescription drug use among youth are major concerns. In addition, the increase in HIV and AIDS cases adds an additional dimension to the challenges faced by the country.

Like the other countries, Turkmenistan faces a complex and challenging drug-related phenomenon due to its strategic position on the drug trafficking route from Afghanistan and neighbouring areas affected by illicit drug production and trade. This scenario presents challenges for the Turkmen government, encompassing crucial aspects such as national security, public health and socioeconomic development.

In Uzbekistan, multiple factors impact on the drug situation. The constant and increasing flow of substances from Afghanistan, the emergence of NPS and synthetic substances, and the complexity of new synthetic drug smuggling represent substantial challenges. The use of the internet and postal services as channels for the distribution and sale of drugs exacerbates the situation. With favourable agroclimatic conditions for on-site drug production and increasing domestic drug manufacture, Uzbekistan faces a complex scenario in its fight against the drug problem.

2. Methodology for the elaboration of public policies in the drug field

DEVELOPMENT OF A METHODOLOGY FOR THE ELABORATION OF PUBLIC POLICIES IN THE DRUG FIELD

This issue is anchored in various theories that seek to understand and address the challenges associated with psychoactive substance use and trafficking. **From a public policy perspective, this process involves a thorough analysis of the stages of the policy cycle, from problem identification to the evaluation of the outcomes and impacts of implementation.**

Figure 1. Components of the Theory of Change and the main typologies of hypotheses it contains
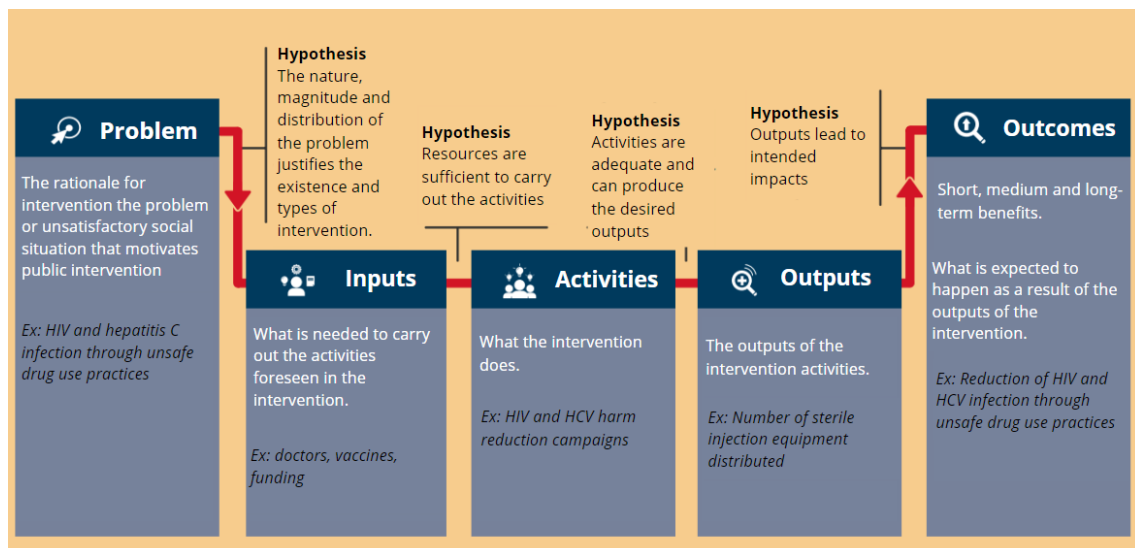
Source: Adapted from Ivàlua (2020a)

Theories such as agenda-setting[1] and the theory of change[2] are important in determining which issues are priorities and how policies are translated into concrete actions. In addition, the integration of scientific evidence, expert perspectives and the voice of communities are

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[1] «The agenda-setting process is an ongoing competition between issue proponents to attract the attention of media professionals, the public and political elites» (Dearing and Rogers, 1996).

[2] «The Theory of Change (ToC) is a tool that helps us to reflect on the design and expected functioning of a public policy. The ToC describes the chain of hypotheses that explains how the intervention works and how it manages to solve or mitigate the social problem that motivates its existence» (Ivàlua, 2020a).

key elements in building a methodology that is responsive to the complexities of the drug phenomenon, thus enabling the formulation of informed and results-oriented public policies.

Responses to drug-related problems «are any action or intervention that is undertaken to address the negative consequences of the illicit drug phenomenon» (EMCDDA, 2021a). Strategies to address drug-related problems focus on actions or measures aimed at counteracting the harmful effects associated with the use of psychoactive substances.

> *«The most appropriate responses will depend on the nature of the specific drug-related problems, the contexts in which they occur and the types of intervention that are possible and socially acceptable» (EMCDDA, 2021a).*

From a policy perspective, it is important to consider the **network of actors** involved in the policy formulation and implementation process in order to understand how various sectors, such as government, civil society and the private sector, interact in this context. Accurately identifying the key actors and understanding their incentives and constraints are essential for designing interventions that can be effective and sustainable over time.

In addition, a **social justice approach plays** an important role in ensuring that the resulting policies are not only effective, but also equitable and respectful of human rights, comprehensively addressing the socioeconomic and cultural disparities that are often associated with the drug phenomenon.

In this process, **continuous evaluation and adaptive feedback** are key elements to adjust and refine policies in response to dynamically evolving drug-related challenges and their consequences on society.

THREE PHASES FOR DEVELOPING RESPONSES TO DRUG-RELATED PROBLEMS

> *«Drug use and drug problems are an intricate and multifaceted phenomenon that undergoes transformations over time» (EMCDDA, 2021a).*

The **adaptability of responses and policies to address these challenges** is significant, as the drug phenomenon continues to evolve in parallel with changes in society and the global environment. Figure 2 shows that, according to the EMCDDA (2021a), the process of responding to drug-related problems can be divided into three main phases.

- PHASE 1. PROBLEM IDENTIFICATION

  Initially, the aim is to identify the specific drug-related problems that require attention. This step involves a detailed analysis to understand the nature and magnitude of the challenges associated with the drug phenomenon.

- PHASE 2. SELECTION OF RESPONSES AND INTERVENTIONS

  This process involves the careful evaluation of various options for addressing the problems identified, taking into account effectiveness and appropriateness to the specific circumstances.

- PHASE 3. IMPLEMENTATION AND SUBSEQUENT EVALUATION

  Finally, it is important to establish monitoring systems to evaluate the impact of the measures implemented. Continuous evaluation makes it possible to make adjustments as necessary, thus ensuring sustained effectiveness over time.

Figure 2. The three broad stages of developing responses to drug problems
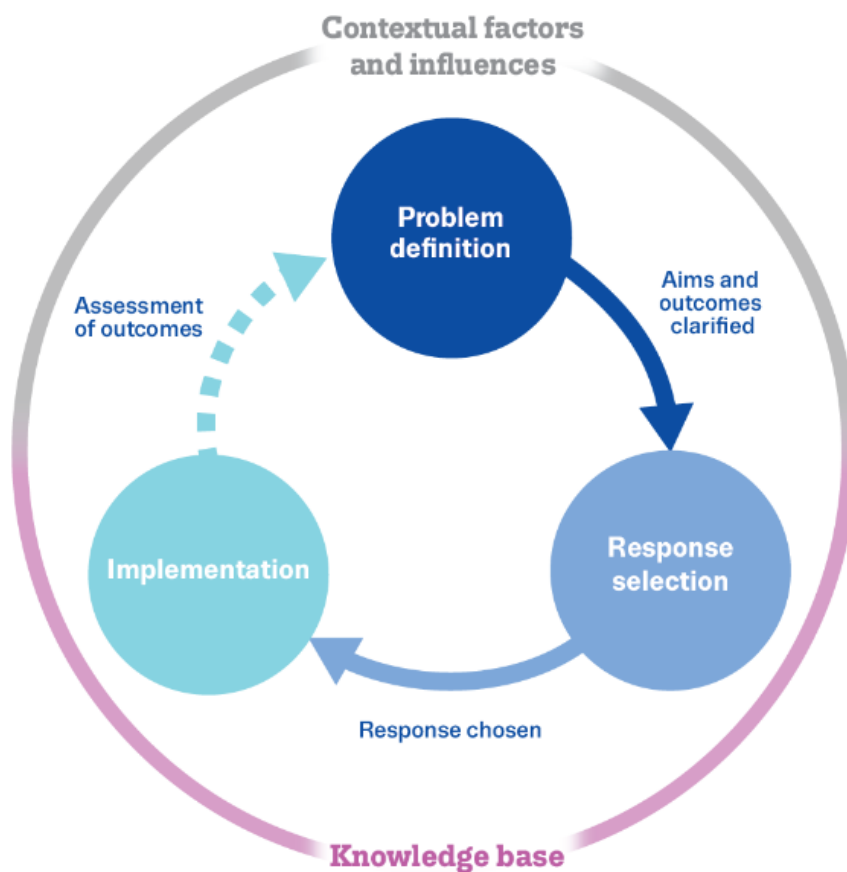
Source: EMCDDA, 2021a

2.1 Phase 1: Problem definition and needs assessment

PROBLEM DEFINITION

The starting point for the formulation and implementation of drug policies is to carry out an accurate identification of the specific problems affecting a given region. **A detailed understanding of local drug-related challenges is important in order to develop effective strategies tailored to the particular reality of the community**, thus ensuring that policies are relevant, focused and able to directly address the identified issues.

> *«This knowledge can be gained from reviewing available data on the problem, ranging from national statistics to local research and needs assessments, and from consultation with stakeholders» (EMCDDA, 2021a).*

NEEDS ASSESSMENT

It is important at this point to understand the evaluative approach as an important tool to guide informed decision-making in the formulation of strategies and programmes that respond accurately to the particular needs of the population in question.

> *«Needs assessment is] a form of applied social research, of an evaluative nature, which consists of identifying and prioritising the existing problems in a given context, as a basis for the planning of interventions that have an impact on the main deficiencies detected» (Hernández and Alonso, 2004, p. 1).*

In the initial assessment phase, it is important to address a number of key questions that will guide a full understanding of the problem at hand (EMCDDA, 2021a):

- Who are affected?
- What types of substances are used and what are the prevalent patterns of use?
- In which specific locations does the problem manifest itself most acutely?

These enquiries serve as a basis for the accurate identification of challenges, enabling the formulation of responses and policies tailored to the particular circumstances of each context. A detailed understanding of stakeholders, patterns of use and critical locations contributes to more informed decision-making, thus facilitating the development of effective and sustainable strategies for managing drug-related problems, as specified in Figure 3.

Figure 3. Factors to be considered in stage 1: Problem definition
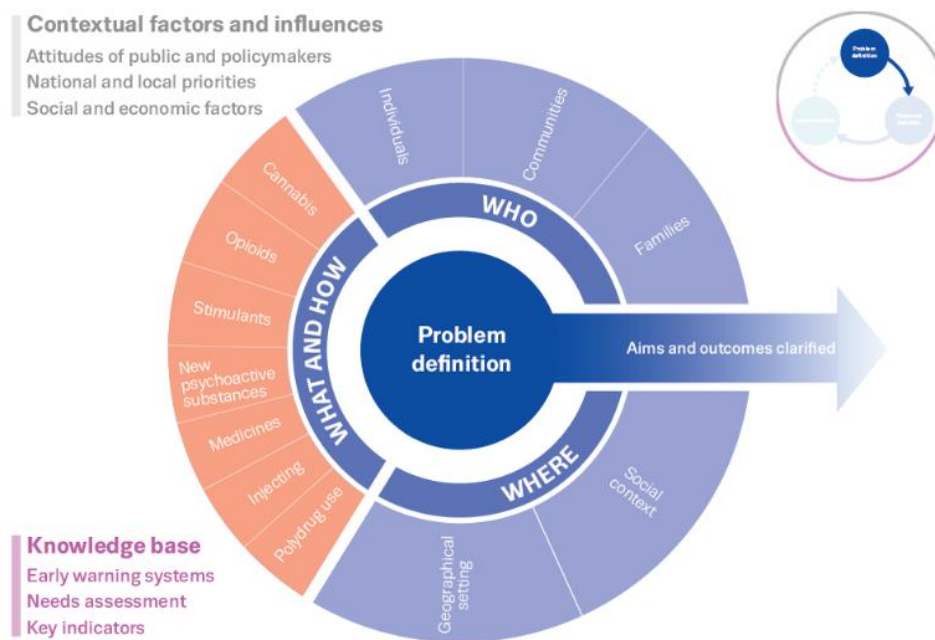
Source: EMCDDA, 2021a

EX-ANTE STAGE

According to Abdala (2004), in the ex-ante stage, which takes place before the start of the implementation of a given programme, the following are assessed: the socioeconomic and institutional context, the problems identified, the needs detected, the target population, the inputs and the strategies for action. This pre-assessment phase, as mentioned above, provides the fundamental elements for the effective planning and design of the intervention, allowing for informed decision-making adapted to the specific environment.

UNDERSTANDING THE ROLE OF DIFFERENT CONTEXTS

An essential step in problem delineation is to **identify the most significant drivers or causal factors of harm**, as well as to determine which individuals or communities are predominantly affected (EMCDDA, 2021a). This deeper analysis seeks not only to understand the visible manifestation of the problem, but also to unravel the underlying roots and contexts that contribute to the drug-related phenomenon.

A number of variables, whether individual or societal, may contribute to certain individuals being more susceptible to the harms associated with the drug phenomenon. These variables include a wide range of elements, ranging from personal aspects such as age, gender, physical and mental health, to socioeconomic considerations (EMCDDA, 2021a). Recognising this diversity of factors is important for **understanding the complexity of the impact of drugs on different individuals and communities**, allowing for the formulation of more contextualised and effective interventions that address situation-specific vulnerabilities.

IDENTIFICATION AND PRIORITISATION OF PROBLEMS TO BE ADDRESSED

The needs assessment identifies problems, and the public health approach guides the selection of those that require attention. **Prioritisation of the problems identified is fundamental in defining the strategy**.

The strategy assesses the severity of drug use problems, followed by the pursuit of interventions to reduce their impact. This strategy prioritises actions according to evidence but is also influenced by political and public attitudes (EMCDDA, 2021a). In doing so, it seeks to optimise the effectiveness of interventions, ensuring that responses are informed by sound evidence and make a significant contribution to mitigating the problems associated with the drug phenomenon.

2.2   Phase 2: Developing appropriate health and social responses

In the second phase, it is time to **make decisions about interventions and formulate plans to implement them**. It is important that these plans are based on scientific evidence, and that they are guided by respect for human rights, incorporating a gender perspective.

> *«The crucial factors to consider here are the types of intervention that are expected to be effective, the specific groups that will be affected and the particular contexts in which the measures will be implemented» (EMCDDA, 2021a).*

Careful assessment of the appropriateness of interventions, taking into account their likelihood of success, the nature of the target audiences and the specific settings in which they will take place, is important to ensure the effectiveness and relevance of public drug policies.

THREE POTENTIAL APPROACHES TO DETERMINE THE MOST APPROPRIATE INTERVENTION

According to the EMCDDA (2021a), three potential approaches are outlined to determine the most appropriate intervention to address problems arising from the drug phenomenon. These strategies are detailed below:

- **EXTENDING OR IMPROVING AN EXISTING RESPONSE**

  It seeks to optimise existing responses through adjustments and improvements, based on feedback and evolving local circumstances.

- **IMPORTING A STRATEGY OR PROGRAMME THAT HAS BEEN USED ELSEWHERE**

  It is based on the transfer of good practices from one location to another, adapting them according to the specific needs and characteristics of the new environment.

- **DEVELOP A NEW INTERVENTION**

  It seeks to innovate and adapt responses to the unique characteristics of the local context, using evidence and past experience as a basis for the design of new strategies.

Figure 4. Factors to be considered in stage 2: Response or intervention selection
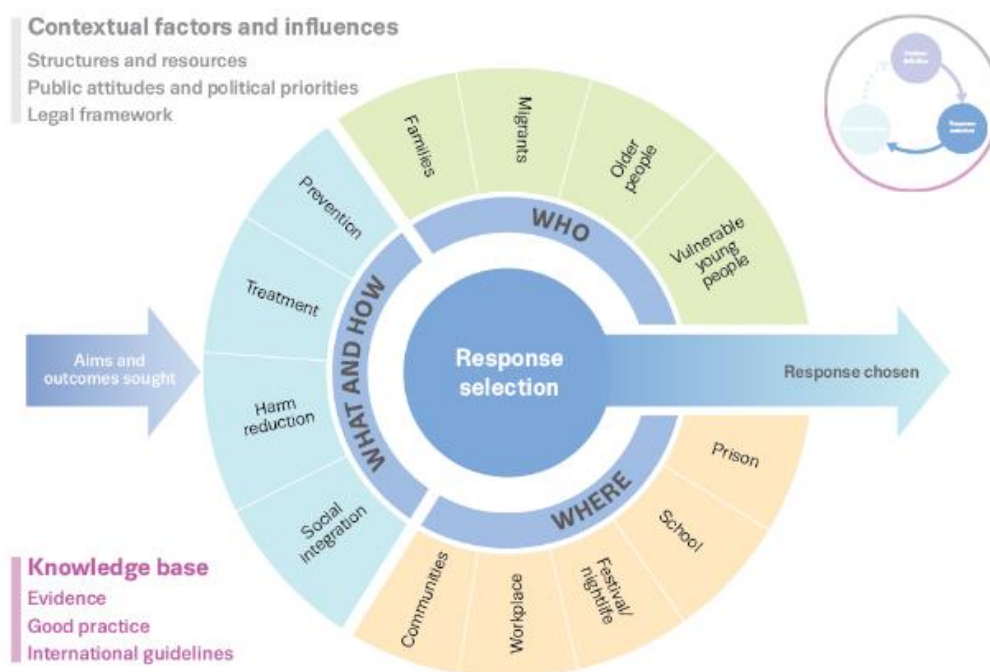
Source: EMCDDA, 2021a

In order to **determine the most appropriate responses to address drug-related problems**, it is important to ask the relevant questions (EMCDDA, 2021a):

- What response options are available to address the problem?
- What evidence supports its effectiveness?

This approach seeks to guide decision-making towards evidence-informed and evidence-supported interventions, thereby optimising the effectiveness of responses to the challenges associated with the drug phenomenon.

There are **three significant factors to be considered at this stage** according to the EMMCDDA (2021a).

- **IDENTIFY THE SPECIFIC TARGET GROUP THAT IS INTENDED TO BENEFIT FROM THE INTERVENTION**

  Accurately identifying the target population is important in order to **tailor responses effectively to the particular needs of each group**. This personalised attention not only optimises the impact of the intervention, but also ensures that strategies are culturally and contextually sensitive, thus promoting greater acceptance and participation by the target community.

- **SPECIFY THE ENVIRONMENT IN WHICH THE PROGRAMME WILL TAKE PLACE.**

  The setting in which the programme will be delivered may vary, for example, between school settings, nightclubs, workplaces, correctional facilities or treatment centres. **Each setting has unique dynamics that can significantly influence the effectiveness of the intervention**. Tailoring strategies to the specific characteristics of each setting can ensure more efficient implementation in line with the particular needs and challenges of each context.

- **STRUCTURES AND RESOURCES AVAILABLE TO PROVIDE RELEVANT SERVICES**

  The availability of infrastructure and resources plays a determining role in the feasibility and effectiveness of interventions, highlighting the importance of **aligning strategies with existing capacities and constraints in the specific environment**.

2.3 Phase 3: Implementation, monitoring and evaluation of selected responses

In the third phase, after the selection of the most effective responses to address a specific drug phenomenon, the phase of implementation of these measures is entered. This process involves **translating the previously formulated decisions and strategies into concrete actions, adapted to the identified environment and needs**.

> *«Monitoring and evaluation of implementation, including costs and results, is an essential component of this phase to inform the ongoing review and planning process» (EMCDDA, 2021a).*

Implementation evaluation focuses on assessing the consistency and coherence of the practical implementation of a programme with its initial design. It examines the immediate results of the programme, such as services and goods produced, and their use by the target population. It also analyses the organisational functioning to ensure that it develops as planned, observing coherence with the expected impacts of the public intervention (Ivàlua, 2020b).

DETERMINANTS AFFECTING THE IMPLEMENTATION OF CONCRETE MEASURES TO ADDRESS THE CONSEQUENCES OF THE DRUG PHENOMENON

They can be summarised in **three key points**, according to the EMCDDA (2021a).

- **BUILDING SUPPORT FROM POLICY MAKERS AND THE PUBLIC**
  The aim is to convince authorities to prefer a public health strategy over a public policy-based one, focusing on cost-benefit ratios to ensure the appropriate allocation of resources.

- **HAVE TRAINED PERSONNEL AVAILABLE TO PROVIDE THE MEASURES TO BE IMPLEMENTED.**
  In the absence of adequately trained staff, it is important to ensure that the team acquires the necessary skills and adapts to the new contexts in which the work will be carried out.

- **REQUIRE ADEQUATE FACILITIES AND LOCATIONS**
  Ensuring the availability of appropriate spaces is important for the effective implementation of measures, as adequate facilities can contribute to the effectiveness and efficiency of interventions aimed at addressing the consequences of the drug phenomenon.

Figure 5. Factors to be considered in stage 3: Implementation
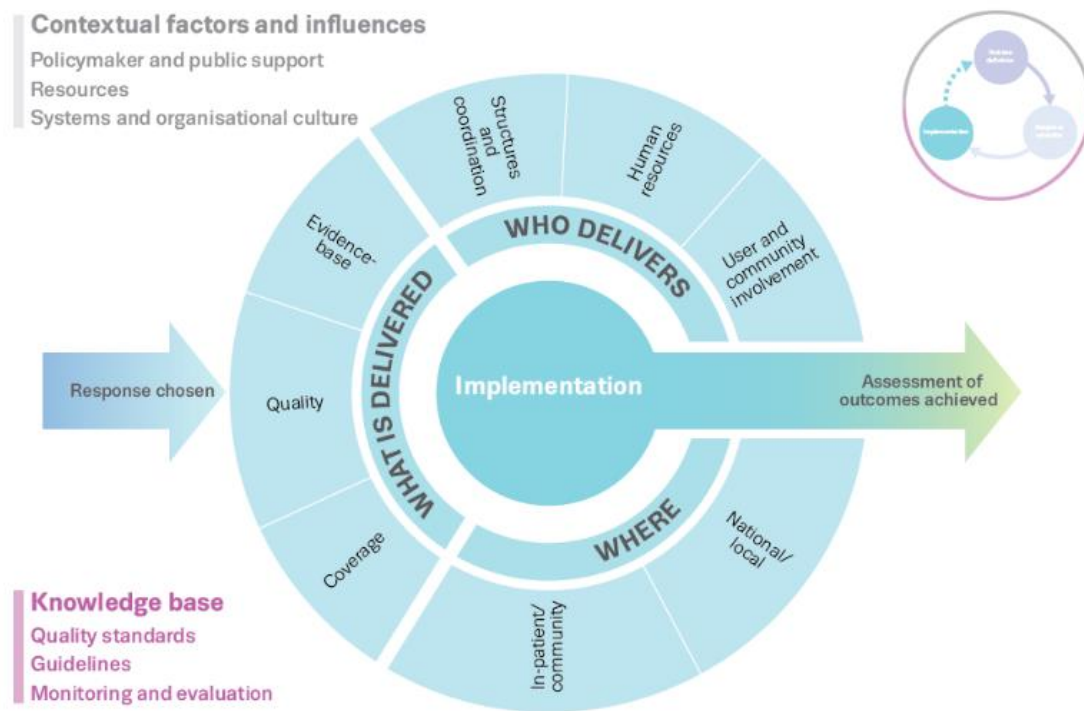
Source: EMCDDA, 2021a

MANAGEMENT AND COORDINATION OF SERVICES

Management and coordination systems play an important role in integrating resources, facilitating inter-agency communication and synchronising strategies. **Effective coordination through well-designed management systems can contribute to optimising the implementation of measures**, ensuring a more cohesive and adaptive response to the evolving challenges associated with the drug phenomenon.

> *«Effective management systems are required to efficiently coordinate the efforts of various agencies and services that collaborate in addressing drug-related problems» (EMCDDA, 2021a).*

The intricate interaction between drug-related issues and other health and social problems highlights the **need to ensure effective coordination between drug services and other health care services** (EMCDDA, 2021a). This close collaboration becomes important to address the interconnected complexities of health and well-being, ensuring that services are aligned and complement each other's efforts.

MONITORING AND EVALUATION OF SERVICE DELIVERY

Monitoring and evaluation are important steps in ensuring the effectiveness of services. **These processes enable monitoring of programme performance, continuous improvement of delivery, assessment of cost-effectiveness and accountability to funders**.

In addition, they allow providers to **identify possible unintended negative consequences** of specific interventions or other actions (EMCDDA, 2021a).

Baker (2000) understands it as the analysis that aims to determine more generally whether a programme produced the desired effects on individuals, households and institutions and whether these effects are attributable to the programme intervention.

3. EU Drugs Strategy 2021-2025

The European Union Drugs Strategy 2021-2025, hereafter referred to as **the Strategy**, is a comprehensive EU approach to tackling drug-related challenges on the European continent and beyond.

This Strategy is structured around **three key areas of action**:

1. DRUG SUPPLY REDUCTION

   In this area, the Strategy seeks to improve security and combat drug trafficking. This involves actions to prevent the cultivation and production of illicit drugs, as well as the disruption of distribution networks. Security is an essential element in ensuring that drugs do not reach the market.

2. DRUG DEMAND REDUCTION

   The Strategy is committed to providing prevention, treatment and care services for people with drug problems. This includes prevention programmes aimed at reducing the initiation of drug use and treatment services for those already trapped in addiction. Assistance is essential to help people recover and reintegrate into society.

3. ADDRESS DRUG-RELATED HARMS

   This part of the Strategy focuses on minimising the harms caused by drug use, either at the public health level or at the individual level. This includes measures such as harm reduction, which seeks to mitigate the risks and harms associated with drug use.

In addition to these policy areas, the Strategy addresses three cross-cutting themes that play a key role in a holistic and effective approach to tackling the complex drug phenomenon in the European Union and in international cooperation. These cross-cutting themes are important not only to strengthen the EU's capacity to address current and emerging drug-related challenges, but also to ensure that the policies and measures adopted are backed by sound scientific evidence and implemented in a coordinated and effective manner.

The three cross-cutting themes of the Strategy are described below:

1. INTERNATIONAL COOPERATION

   It recognises the cross-border nature of drug trafficking and the need to work closely with other countries and international agencies to address this global challenge. International

cooperation allows for the exchange of information, the coordination of joint actions and the strengthening of strategic alliances to address drug supply and demand more efficiently.

2. RESEARCH, INNOVATION AND FORESIGHT

The importance of continued scientific research in the field of drugs is emphasised. This includes the search for new therapies and treatment approaches, the evaluation of the effectiveness of prevention programmes and the identification of emerging trends in drug use. Innovation and foresight are important to adapt strategies as drug-related dynamics evolve.

3. COORDINATION, GOVERNANCE AND IMPLEMENTATION

It refers to the need to establish a strong governance and coordination structure at national and European level. This involves ensuring that policies and measures are implemented effectively and coherently at all levels, from policy formulation to implementation on the ground, involving different stakeholders and ensuring adequate monitoring to achieve the Strategy's objectives.

In the context of international cooperation, the CADAP 7 PROGRAMME plays an important role in promoting the development of effective and evidence-based drug demand reduction policies in Central Asian countries. This contributes to strengthening the capacities of governments in the region to address the drug phenomenon in a comprehensive and sustainable manner, in line with the objectives and approaches of the Strategy.

3.1 Reducing drug supply

The Strategy represents a strategic approach adopted by the EU to tackle the complex drug phenomenon on its territory. In the field of drug supply reduction, it focuses on the **implementation of a set of strategic priorities aimed at strengthening security and combating activities related to illicit drug trafficking and production** in EU Member States.

STRATEGIC PRIORITIES IN THE FIELD OF DRUG SUPPLY REDUCTION

The Strategy sets out **four specific strategic priorities in the field of** «drug supply reduction», which are broken down into a total of **24 concrete actions**. These priorities address critical challenges related to reducing drug supply and strengthening security on the European continent. Table 1 below details the strategic priorities within this area according to the Strategy.

Table 1. Strategic priorities of the Drugs Strategy (2021-2025) in the field of drug supply reduction

Strategic priority 1	**Disrupt and dismantle high-risk drug-related organised crime groups** operating in EU Member States. In addition to tackling these criminal organisations, it seeks to understand their links to other security threats and improve crime prevention.
Strategic priority 2	**Increase detection of illicit trafficking of drugs and drug precursors** at EU entry and exit points. This action focuses on improving the capacity of authorities to identify and tackle large-scale drug trafficking.
Strategic priority 3	**Combat the exploitation of logistical and digital channels used in the distribution of** small and medium-sized **illegal drugs.** This strategy also seeks to increase seizures of illegal substances smuggled through these channels, working closely with the private sector.
Strategic priority 4	**Dismantle illegal drug production** and combat illicit cultivation, **prevent the diversion and trafficking of** drug **precursors** used in the manufacture of illegal substances, **and address the environmental damage associated** with drug production.

Source: Council of the European Union, 2021

The Strategy in this area is strongly focused on contributing to the reduction of drug supply through **concrete measures**, such as:

- the dismantling of organised crime,
- judicial and police cooperation,
- confiscation of illicit assets,
- and the exchange of information.

EU BEST PRACTICES IN THE FIELD OF DRUG SUPPLY REDUCTION

In the field of drug supply reduction, EU Member States have implemented a range of measures that have proven to be effective in addressing challenges related to the availability and distribution of narcotic substances.

The following describes **good practice in drug supply reduction in EU Member States** through the European and Monitoring Centre for Drugs and Drug Addiction (EMCDDA).

- SURVEILLANCE SYSTEMS

    Surveillance systems become an important pillar for understanding prevalence, motivations, barriers to treatment access and sources of supply, as well as for identifying changes over time.

    > This type of intervention is useful in the areas of substance use, such as new psychoactive substances (see point 4.3.1), as well as in the non-medical use of medicines (see point 4.3.3).

3.2 Drug demand reduction

The Strategy comprehensively addresses the drug phenomenon in the European Union, focusing on the area of demand reduction as a fundamental part of its cross-community strategy. This approach focuses on the **implementation of strategic priorities designed to reduce the demand for illicit substances, seeking to strengthen public health, prevent problematic use and address the underlying causes of drug use** in the EU Member States.

STRATEGIC PRIORITIES IN THE FIELD OF DRUG DEMAND REDUCTION

This area focuses on direct care for people affected by drug use, addressing both prevention and treatment, and is aligned with the objectives of the CADAP 7 Programme in its focus on reducing drug demand in the countries of the Central Asian region. The Strategy sets out **two strategic priorities comprising a total of 18 actions**.

Table 2. Strategic priorities of the Drug Strategy (2021-2025) in the area of drug demand reduction

Strategic priority 5	**It focuses on preventing drug use and raising awareness of the adverse effects of drugs**. It aims to prevent people from initiating drug use and to promote greater awareness of the risks associated with drugs. Through specific actions, it seeks to educate the population and provide information that contributes to informed decision-making in relation to drug use.
Strategic priority 6	**It focuses on ensuring access to quality treatment and care services for people with drug problems**. It also seeks to strengthen these services to make them more effective in the care and treatment of people affected by drug use. The aim is to provide the

necessary support for the recovery and reintegration of people into society, thus contributing to a stronger and more compassionate response to the drug phenomenon in the European Union.

Source: Council of the European Union, 2021

EU BEST PRACTICES IN THE FIELD OF DRUG DEMAND REDUCTION

In the context of drug demand reduction, EU Member States have established a set of interventions that focus on addressing drug demand reduction issues. These strategies have been developed with the aim of providing a comprehensive and evidence-based response to address the challenges posed by drug use in society. European Union good practices in drug demand reduction through the EMCDDA is described below.

- **ENVIRONMENTAL PREVENTION STRATEGIES**

  Environmental prevention strategies seek to reduce risks linked to substance use by intervening in physical and social environments, promoting environments that encourage safe behaviours.

  > Such measures are useful in contexts such as local communities (see point 4.1.1), as well as in recreational settings (see point 4.1.5).

- **UNIVERSAL PREVENTION STRATEGIES**

  «Corresponds to actions aimed at the entire population, regardless of the level of risk to which they are exposed, whether or not they are users of psychoactive substances, with the objective of preventing consumption, highlighting the benefits obtained by having a healthy lifestyle» (MSPS & UNODC, 2018, p. 27).

  > This type of intervention is beneficial in a variety of contexts, such as local communities (see point 4.1.1), prisons (see point 4.1.2) and other places of detention, educational centres (see point 4.1.3), workplaces (see point 4.1.4), recreational settings (see point 4.1.5), and among specific groups, such as women (see point 4.2.1). In addition, they are also useful in addressing drug-related harm (see point 4.4), including new psychoactive substances (see point 4.3.1), cannabis (see point 4.3.5), stimulants such as cocaine (see point 4.3.6) and alcohol use (see point 4.3.7).

- CONTINGENCY MANAGEMENT

  It is based on the principle of reinforcing desired behaviour. In the context of addiction treatment, it involves providing tangible incentives or rewards to individuals when they meet specific goals related to drug abstinence (Bentzley *et al.,* 2021).

  > This strategy is valid in settings such as prisons (see point 4.1.2) and for substances such as amphetamines and methamphetamines (see point 4.3.2), opioids and heroin (see point 4.3.4), cannabis (see point 4.3.5) and cocaine (see point 4.3.6).

- COGNITIVE BEHAVIOURAL THERAPY

  It focuses on identifying patterns of thinking and behaviour related to cannabis use. Through learning coping skills and modifying negative beliefs, individuals can develop healthier coping strategies to deal with triggers and avoid relapse (EMCDDA, 2022a).

  > This strategy is valid in settings such as prisons (see point 4.1.2) and for substances such as amphetamines and methamphetamines (see point 4.3.2), non-medical use of medicines (see point 4.3.3), opioids and heroin (see point 4.3.4), cannabis (see point 4.3.5) and cocaine (see point 4.3.6).

- MOTIVATIONAL INTERVIEWS

  They focus on fostering intrinsic motivation to change. Therapists work with individuals to explore their ambivalence towards cannabis use and help them develop the willingness and confidence to make positive changes in their lives (EMCDDA, 2022a).

  > This strategy is valid in settings such as prisons (see point 4.1.2) and for substances such as amphetamines and methamphetamines (see point 4.3.2), opioids and heroin (see point 4.3.4), cannabis (see point 4.3.5) and cocaine (see point 4.3.6).

3.3   Adress drug-related harms

The reduction of drug-related harm emerges as an important facet of the Strategy adopted by the European Union to address the inherent complexity of the drug phenomenon on its territory. It is geared towards the **implementation of specific strategic priorities aimed at minimising the negative impacts associated with substance use** in the Member States of the European Union.

Graphic 1. Number of European countries implementing harm reduction interventions (1967-2022)
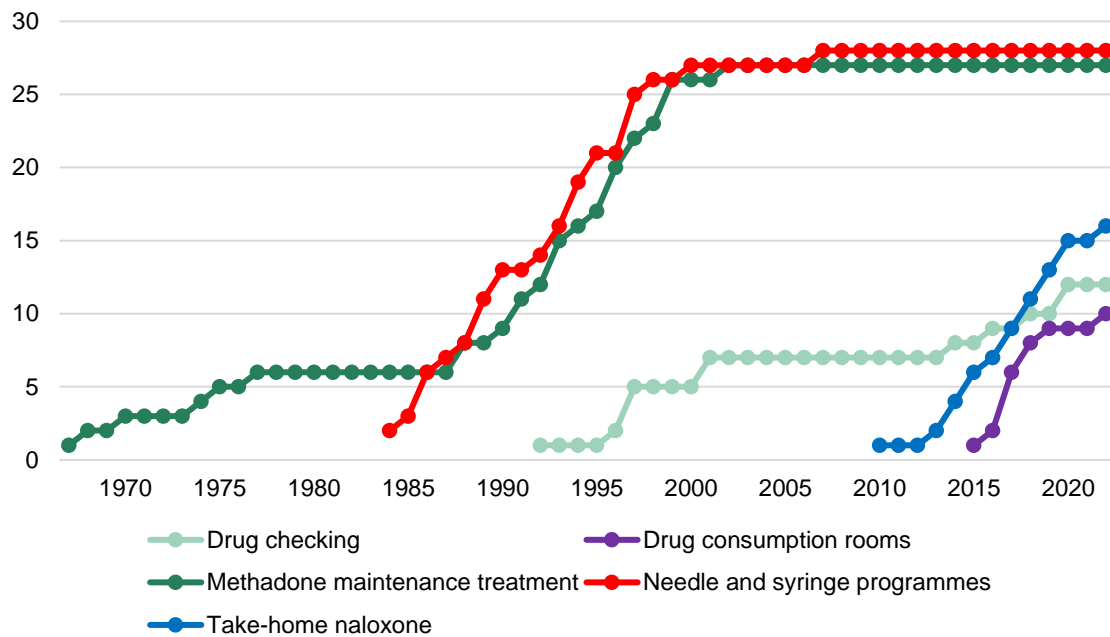
Harm reduction is an essential approach to managing psychoactive drug use that is based on a strong commitment to public health and human rights.

> *«Harm reduction refers to policies, programmes and practices that aim to reduce the adverse health, social and economic consequences of legal and illegal psychoactive drug use and are based on a strong commitment to public health and human rights» (IHRA, 2009, p. 1).*

The harm reduction approach recognises the complexity of issues related to substance use and seeks to minimise the associated harms.

This approach has established itself as an essential component of public health strategy in many EU countries, as illustrated in Figure 6, adopting a **perspective that places the safety and well-being of people who use drugs at the forefront.**

Figure 6. Main behavioural techniques used in prevention interventions in high-risk neighbourhoods: evidence of effectiveness, 2019
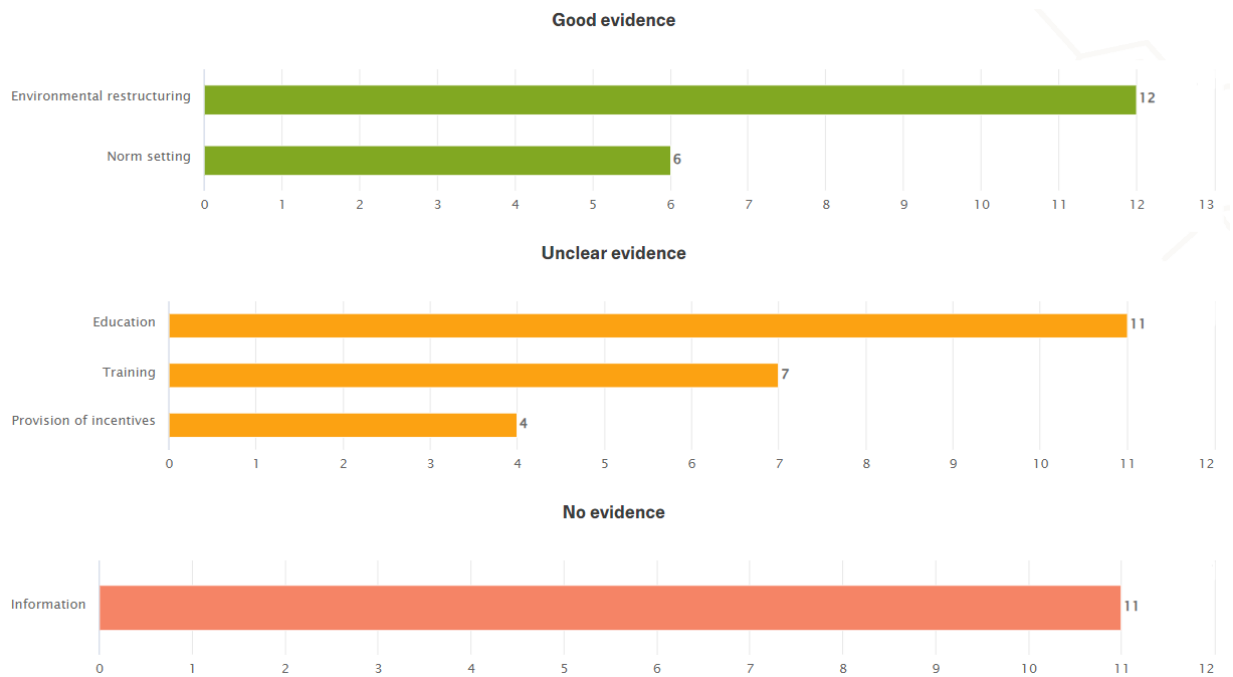
Source: EMCDDA, 2022a

STRATEGIC PRIORITIES IN THE FIELD OF DRUG-RELATED HARM REDUCTION

In this area, **two strategic priorities** are set out as a set of **12 specific actions**, reflecting a strong focus on mitigation and protection of drug users.

The strategic priorities in this area, as specified in the EU Strategy, are set out below:

Table 3. Strategic priorities of the Drug Strategy (2021-2025) in the field of drug-related harm reduction

Strategic priority 7	It focuses on risk and harm reduction interventions as well as other **measures to protect and support drug users**. The aim is to provide a safer and healthier approach for people who use drugs, minimising the risks associated with substance use and providing appropriate support.
Strategic priority 8	**Aimed at addressing the health and social needs of drug users in prisons and upon release**. It recognises the importance of providing ongoing care and support to people in the prison system and those seeking to reintegrate into society after serving their sentences.

Source: Council of the European Union, 2021

In this area, the Strategy seeks to address drug-related harm from a public health and social welfare perspective, promoting interventions and policies that reduce risks and provide support to those who use drugs. In doing so, it strives to provide a balanced and compassionate approach to tackling the challenges posed by drugs in the European Union.

GOOD PRACTICES IN THE EUROPEAN UNION IN THE FIELD OF HARM REDUCTION ASSOCIATED WITH DRUG USE

- ### HARM REDUCTION PROGRAMMES

  Harm reduction focuses on minimising the negative effects associated with drug use, rather than advocating complete abstinence.

  > There are a variety of harm reduction interventions that are useful in contexts such as local communities (see point 4.1.1), in prisons (see point 4.1.2), in recreational settings (see point 4.1.3), in groups such as specialised services for women (see point 4.2.1), as well as in homelessness (see point 4.2.3), in addressing drug-related harms (see point , and on the use of substances such as new psychoactive substances (see point 4.3.1), amphetamines and methamphetamines (see point 4.3.2), cannabis (see point 4.3.5) and stimulants such as cocaine (see point 4.3.6).

- ### THERAPEUTIC COMMUNITIES

  Such services provide a space where participants can work on personal transformation through individual and group therapy, education, social support and the adoption of life skills.

  > This intervention is useful for the prison setting (see point 4.1.2) and for addressing problem use in users of opioids and their derivatives such as heroin (see point 4.3.4).

- ### OPIOID AGONIST TREATMENT (OAT)

  It focuses on addressing the issues that are intrinsically linked to this addiction, such as the repercussions on physical and mental health, as well as the adverse social impacts and achieving abstinence from this type of substance.

  > Such strategies are useful in settings such as prisons (see point 4.1.2), in groups such as homelessness (see point 4.2.3), in preventing opioid-related deaths (see point 4.3.2), as well as in substances such as non-medical use of medicines (see point 4.3.3) and the use of opioids and their derivatives (see point 4.3.4).

- **TESTING AND TREATMENT OF INFECTIOUS DISEASES**

The importance of regular testing for infections such as blood-borne viruses, sexually transmitted infections and tuberculosis is emphasised. Treatment «can reduce the spread of infectious diseases in the prison environment and in the wider community» (EMCDDA, 2022b).

> Such interventions are useful in contexts such as prisons (see point 4.1.2), in groups such as the elderly (see point 4.2.4) and in tackling infectious diseases (see point 4.3.1).

- **STAFF TRAINING IN A WIDE RANGE OF AREAS**

This involves training professionals in identifying signs of abuse, providing early intervention tools and promoting understanding of the specific dynamics of each setting. Providing training «to health workers on communicable diseases and promoting screening can increase active case detection and implementation of these programmes» (EMCDDA, 2022b).

> This type of intervention is useful in contexts such as prisons (see point 4.1.2) and in the phenomenon of new psychoactive substances (see point 4.3.1).

- **FIRST AID TRAINING IN DIFFERENT AREAS**

It serves to empower individuals and professionals with the skills necessary to provide initial assistance in emergency situations. Acquiring these skills can not only save lives, but also promote safety and peace of mind, as one is better prepared to respond effectively in critical moments.

> This type of intervention is useful in contexts such as prisons (see point 4.1.2) and recreational settings (see point 4.1.5).

- **OVERDOSE MANAGEMENT**

Overdose is defined as «the use of any drug in sufficient quantities to produce serious physical or mental effects» (WHO, 1994). Overdose management refers to the actions and protocols implemented to address situations where a person has consumed a dangerous amount of a substance in order to prevent serious or fatal complications.

> This type of intervention is useful in settings such as prisons (see point 4.1.2), in recreational settings (see point 4.1.5) and in preventing opioid-related deaths (see point 4.3.2).

- **DISTRIBUTION OF NALOXONE**

It is defined as «an antidote to opioids that, when administered in time, completely reverses the effects of an overdose, but has virtually no effect on people who have not taken opioids» (WHO, 2023).

> This type of intervention is useful in contexts such as prisons (see point 4.1.2), in groups such as the homeless (see point 4.2.3) and in preventing opioid-related deaths (see point 4.3.2).

- **DRUG TESTING SERVICES**

Energy Control (2004, p. 29) defines testing for psychoactive substances as a «rapid method to verify the presence or absence of a given substance as a product that, acquired on the illegal market, is intended for consumption».

> This type of intervention is useful in contexts such as recreational settings (see point 4.1.5), in preventing opioid-related deaths and for substances such as amphetamines and methamphetamines (see point 4.3.2).

- **SUPERVISED CONSUMPTION ROOMS**

This type of intervention aims to «reduce the risks of unhygienic injecting, prevent overdoses and link people who use drugs to treatment, health and social services» (EMCDDA, 2021c).

> This intervention is useful in contexts such as local communities (see point 4.1.1), in groups such as homelessness (see point 4.2.3), in addressing opioid-related deaths (see point 4.3.4) and in substances such as amphetamines and methamphetamines (see point 4..2).

- **DISTRIBUTION OF PREVENTION MATERIALS SUCH AS CONDOMS, LUBRICANTS AND STERILE INJECTION EQUIPMENT.**

Providing prevention materials, such as condoms, lubricants and sterile injecting equipment, with the aim of promoting safe practices and preventing disease transmission, especially in public health and risk reduction settings.

> Such interventions are useful in the prevention of infectious diseases (see point 4.3.4) and for substances such as amphetamines and methamphetamines (see point 4.3.2) in the case of injecting substance use.

- **NEEDLE AND SYRINGE EXCHANGE PROGRAMMES**

This type of intervention «aims to provide sterile syringes and hypodermic needles and other injection equipment as a measure to prevent the risk of infection» (EMCDDA, 2021b).

> Such interventions are useful in addressing infectious diseases (see point 4.3.1), in injecting new psychoactive substances (see point 4.3.1), as well as injecting amphetamines and methamphetamines (see point 4.3.2).

3.4　International cooperation

In order to address the drug phenomenon from a global and comprehensive perspective, the Strategy prioritises international cooperation with the aim of achieving ambitious targets. The Strategy recognises the importance of working together at the global level to address drug-related challenges. In order to make a significant impact on reducing the consequences associated with the use and trafficking of psychoactive substances, the Strategy recommends:

- working closely with various actors,
- sharing resources and experiences and
- coordinating efforts.

The strategic priority that has been established as part of international cooperation under the Strategy is detailed below.

Table 4. Strategic priority of the Drug Strategy (2021-2025) in the field of international cooperation

Strategic priority 9	It focuses on **strengthening the engagement of international cooperation at all levels**, strengthening the EU's role in promoting people-centred and human rights-oriented drug policies.

Source: Council of the European Union, 2021

3.5　Research, innovation and foresight

In the field of drug-related policies, **the Strategy puts scientific evidence at the centre, and policies backed by evidence** that have proven to be effective in a variety of contexts.

The **approach based on scientific knowledge** is a very important pillar to ensure that interventions produce the expected impact. Promoting research, innovation and maintaining a forward-looking vision of reality becomes substantial to effectively address the drug phenomenon, with a gender approach and respect for human rights. The strategic priority for this area according to the Strategy is detailed below:

Table 5. Strategic priority of the Drugs Strategy (2021-2025) in the field of research, innovation and foresight

Strategic priority 10	**It focuses on strengthening research and foresight capacities to** make the EU and its Member States more efficient in addressing drug-related challenges and prepared for future challenges and crises.

Source: Council of the European Union, 2021

4. Policy responses to drug-related situations

Effective management of drug-related situations requires effective and adaptive policy responses that address both the immediate challenges and the underlying causes of this complex phenomenon. In this context, the analysis and design of policy responses become important elements in mitigating the negative impacts on individuals who use drugs, as well as on society at large. This paper explores the diversity of policy strategies employed by EU Member States to address situations arising from the drug phenomenon, highlighting the importance of integrated approaches that address not only supply and demand, but also public health, safety and prevention aspects.

4.1   Contexts

Social environments play an influential role in the understanding of drug use and the challenges it brings. Local communities, prisons, workplaces and recreational settings represent different contexts where people interact and make drug-related decisions. **The contexts vary widely in terms of social norms, expectations and opportunities, which can have a significant impact on the prevalence and patterns of substance use**. Each setting represents a unique scenario for dealing with drug use. A thorough understanding of these contexts is important in order to develop public policies that adequately address the drug-related challenges in each of them.

4.1.1 Local communities

In the continued tackling of the challenges caused by drug dependence, **local communities emerge as essential actors in the promotion of citizen participation and the implementation of grassroots action**. In Europe, municipal and local governments assume key roles in the development and implementation of strategies to address this challenge. According to the EMCDDA (2022a) **the term «community» encompasses those who share a geographical or administrative environment**.

Their involvement can manifest itself in a variety of ways:

- As a population facing drug-related challenges, such as public consumption or drug-related crime.
- As recipients of specific interventions designed to solve problems and minimise harm.
- As a group actively involved in assessing and planning local solutions.

Responses at EU level show a remarkable diversity in their approach and scope in different European countries, revealing the adaptability of strategies to particular local contexts. These responses may encompass a range of measures and approaches aimed at addressing the challenges posed by drug dependence and its effects, including according to the EMCDDA (2022a):

- MUNICIPAL DRUG PLANS

  Coordinate actions according to local needs.

- COMMUNITY PARTICIPATION

  They include local coalitions where citizens actively contribute to diagnosing and responding to problems.

- ENVIRONMENTAL PREVENTION STRATEGIES[3]

  They aim to create safe and healthy environments, especially for youth.

- COMMUNITY-BASED SERVICES

  They extend their reach to groups that are difficult to reach through traditional channels.

- RECREATIONAL ACTIVITIES AIMED AT THE YOUTH OF THE COMMUNITY

  They strengthen protective factors and offer alternatives to drug use.

- HARM REDUCTION PROGRAMMES

  They address the consequences of drugs in the community, such as supervised consumption rooms[4].

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[3] For further information see section 4.1.5 on «Recreational settings».
[4] For more information see section 4.3.4 on «Heroin and opioids».

Figure 7. Interventions in high-risk neighbourhoods: provision in European countries, 2019

- ● Full provision
- ● Limited provision
- ● No provision
- ● Extensive provision
- ● Rare provision
- ● No information
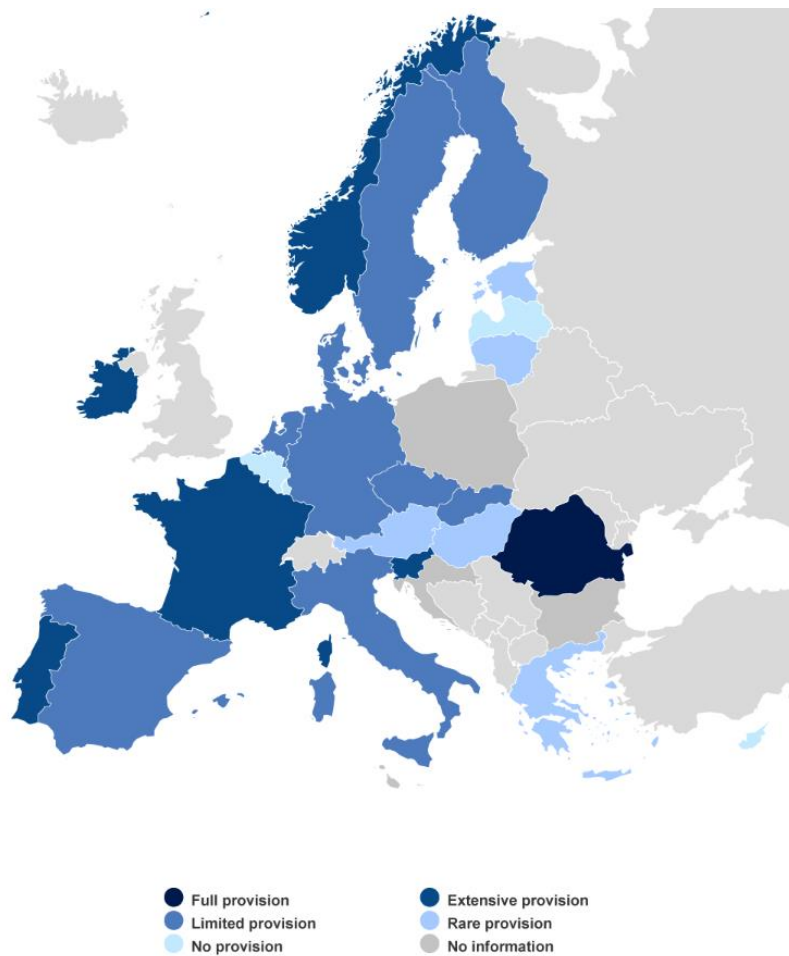
Source: EMCDDA, 2022a

4.1.2 Prisons

The EMCDDA (2022b) carefully addresses the complexities of responses to drug use in prison settings. **The aim is to ensure effective and rights-respecting treatment in gender-sensitive prison settings.** Recognising the vital importance of ensuring equity of care and continuity of services, this section highlights both essential principles and effective interventions.

Figure 8. Government institutions responsible for the governance of healthcare in prison in the EU Member States, Norway, Turkey and the United Kingdom, 2019
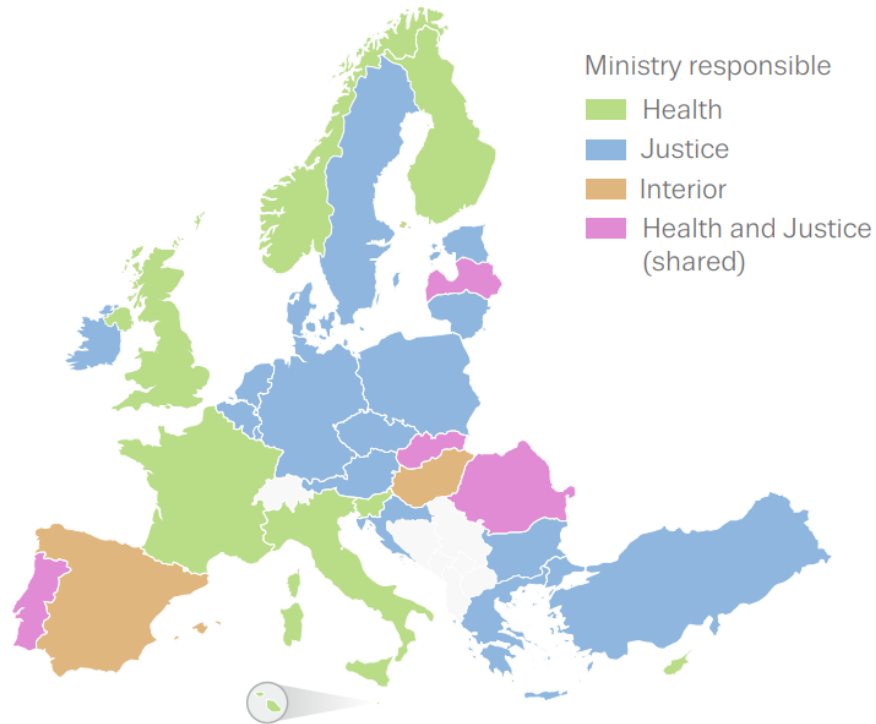
Source: EMCDDA, 2022i

Drug interventions in prisons vary according to the different phases of imprisonment. **From initial detention to release, strategies ranging from health assessments and treatment programmes to individual counselling and distribution of preventive resources are implemented**. Drug-related measures and other health and social care interventions in the prison context are set out in Figure 9 below.

Figure 9. Drug-related and other health and social care interventions for drug users in prison, by stage of incarceration
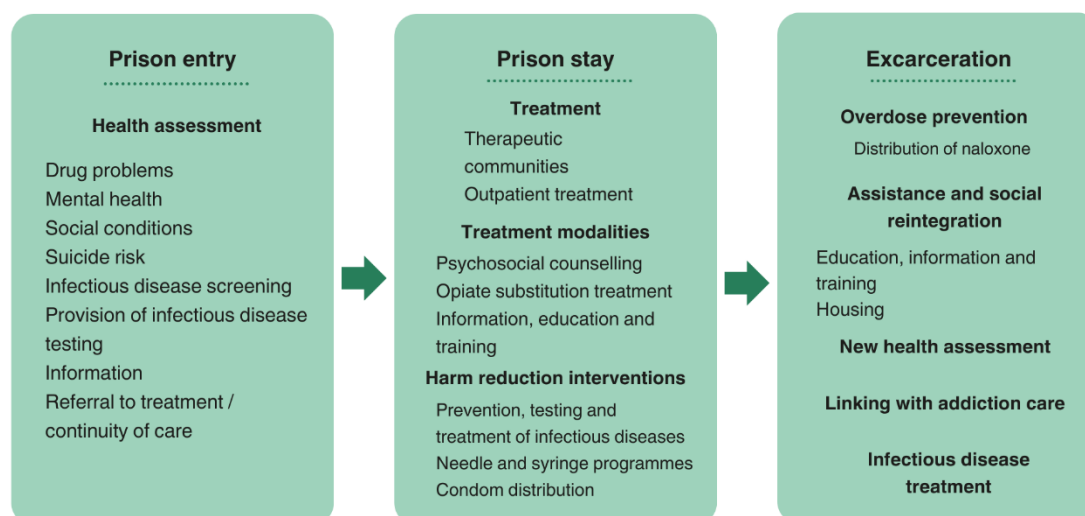
Source: EMCCDA, 2022b

INTERVENTIONS ON ENTRY INTO PRISON

The initial phase of imprisonment is important for the early identification of people who require care for their drug dependence. The EMCDDA (2022b) proposes the following interventions in this phase:

- **HEALTH ASSESSMENT**

    Comprehensive assessments are carried out to diagnose physical and mental health problems, thus ensuring comprehensive and continuous care throughout detention.

- **IDENTIFICATION OF NEEDS**

    On admission to prison, the aim is to identify at an early stage those individuals who require immediate attention due to their drug use and their specific treatment needs.

- **DETOXIFICATION TREATMENT**

    To address the effects of withdrawal, symptomatic care is provided to mitigate discomfort and harm reduction measures are implemented to ensure a smoother transition.

INTERVENTIONS DURING THE STAY IN THE PENITENTIARY CENTRE

Interventions during the period of imprisonment include a wide range of strategies aimed at addressing drug withdrawal. In addition, options are explored to provide **comprehensive care**

that addresses both the psychological and social dimensions of addictive behaviour. Interventions carried out while in prison, according to the guidelines set out by the EMCDDA (2022b), are detailed below.

Figure 10. Availability of drug-related and other health and social care interventions targeting people who use drugs and are in prison in the EU Member States, Norway, Turkey and the United Kingdom, 2019-2020

	AT	BE	BG	HR	CY	CZ	DK	EE	FI	FR	DE	EL	HU	IE	IT	LV	LT	LU	MT	NL	NO	PL	PT	RO	SK	SI	ES	SE	TR	UK
Health assessment																			nk										nk	
Detoxification																			nk											
Drug-free units																														
Therapeutic communities																														
Individual counselling																														
Group counselling																														
Peer interventions																														
OST continued from community																														
OST initiated in prison																			nk											
OST (re)initiated before release																			nk											
Prison/community guidelines for OST																														
Information, education, training: people in prison																														
Information, education, training: prison staff		nk																												
Testing for TB			nk																nk		nk							nk	nk	
HIV, HBV, HCV testing																													nk	
Vaccination for HBV		nk		nk	nk														nk										nk	
HIV treatment		nk	nk																											
HBV antiviral therapy	nk	nk				nk													nk			nk				nk				
HCV antiviral therapy						nk													nk											
Treatment for TB	nk		nk	nk			nk	nk											nk		nk				nk		nk			
Needle and syringe programme																														
Condom distribution													nk						nk											
...with lubricant																			nk	nk										
Distribution of disinfectant								nk											nk											
Referral to HIV treatment upon release		nk																												
Referral to HCV treatment upon release		nk																												
Take-home naloxone																														
Interventions for early release																														

Available ☐ Not available nk Not known/no information

Source: EMCDDA, 2022i

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- **OUTPATIENT AND RESIDENTIAL TREATMENT**

  Flexible options are offered ranging from outpatient treatment in medical clinics to residential programmes in controlled settings, tailored to individual needs, including Opioid Agonist Treatment.

- **THERAPEUTIC COMMUNITIES[5]**

  By providing a community-like residential environment, it seeks to foster rehabilitation and recovery through collaborative and supportive approaches.

- **PSYCHOSOCIAL INTERVENTIONS**

  Through structured therapies, both psychological and social aspects of addictive behaviour are addressed, seeking sustainable changes in behaviour. «Three general types of psychosocial intervention have been used to treat people who use drugs: contingency management[6], cognitive behavioural therapy and motivational interviewing» (EMCDDA, 2022b).

Graphic 2. Proportion of people entering drug treatment in prison by primary problem drug in 18 European countries, 2018 (or most recent data available)
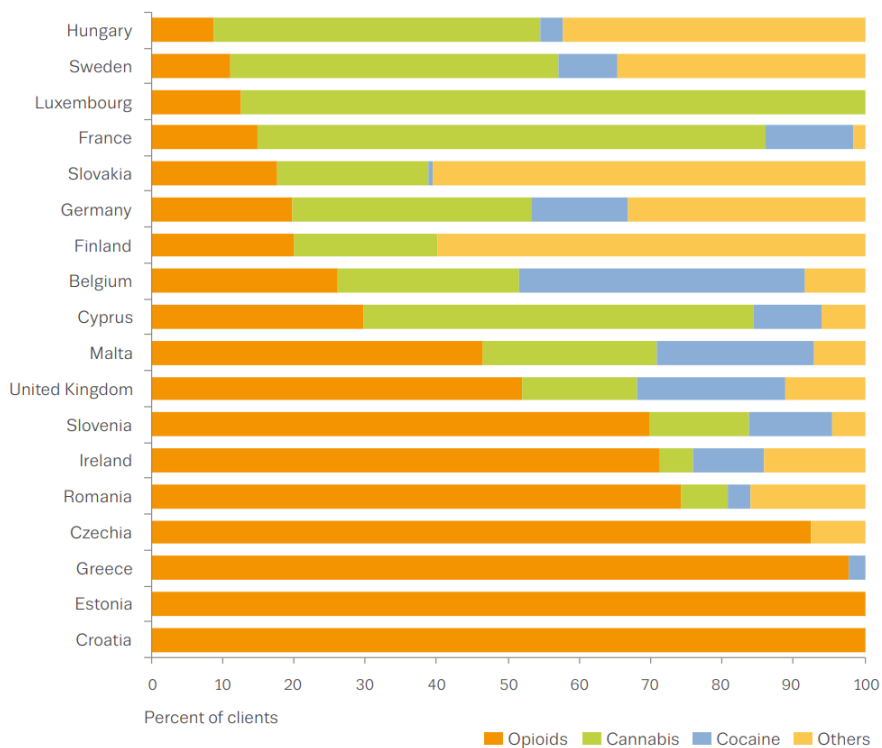
Source: EMCDDA, 2022i

In the field of health care in prisons, it is positive to take into consideration the guidelines issued by the United Nations and the World Health Organisation.

> *«Measures to reduce harm in prisons, including needle and syringe exchange programmes[7] could make an important contribution to improving health» (EMCDDA, 2022b).*

Graphic 3 shows that the number of interventions reported by countries in terms of programme availability varies markedly across the EU.

Graphic 3. Number of countries reporting availability of interventions for drug dependent people in prison in Europe (2019)
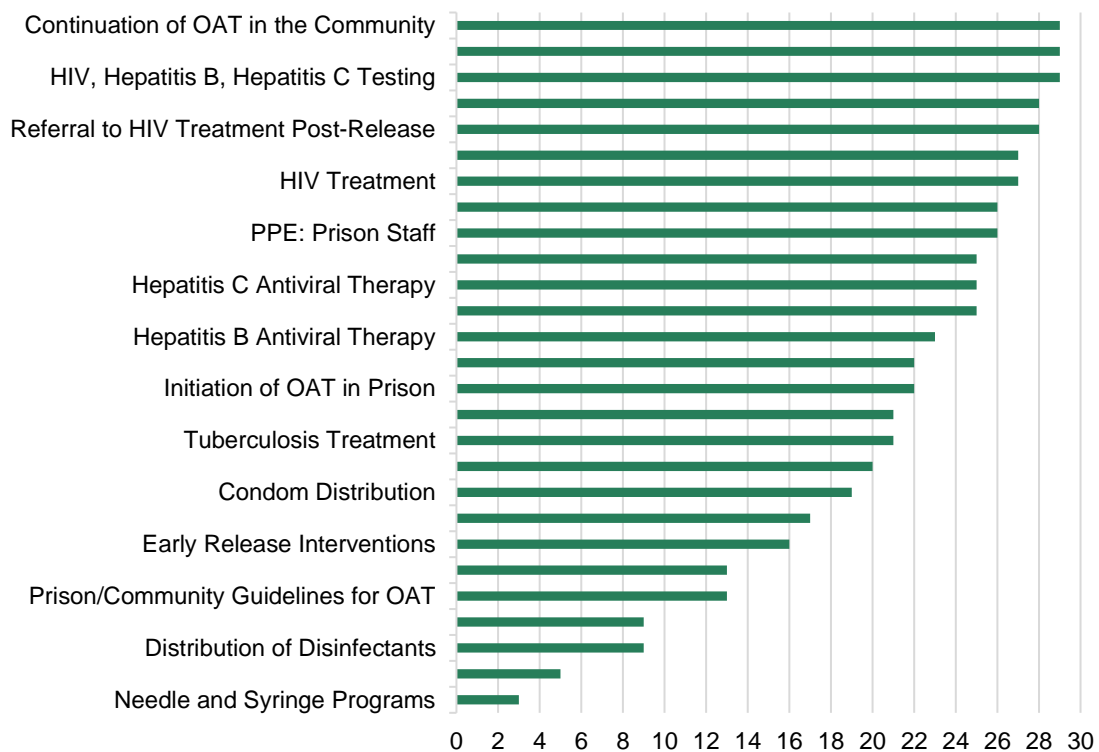
Source: EMCCDA, 2022b

INTERVENTIONS AFTER RELEASE FROM PRISON

The transition period from incarceration to the community presents significant challenges, «such as the risk of relapse to drug use, overdose and overdose death, as well as the transmission of infectious diseases» (EMCDDA, 2022b). The two essential elements that are

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[7] For further information see section 4.4.1 on «Drug-related infectious diseases».

intertwined in strategies aimed at the release of prisoners, according to the EMCDDA (2022b), are:

- ESTABLISHING EFFECTIVE LINKAGES WITH COMMUNITY SERVICES

  They aim to ensure continuity of care for conditions related to substance abuse and infectious diseases.

- IMPLEMENTATION OF PREVENTION MEASURES FOCUSED ON PREVENTING OVERDOSE DEATHS

  It focuses especially on the period immediately after the release from prison institutions.

Graphic 4. Mortality rate, by week since release, for overdose and non-overdose causes of death observed in a US study
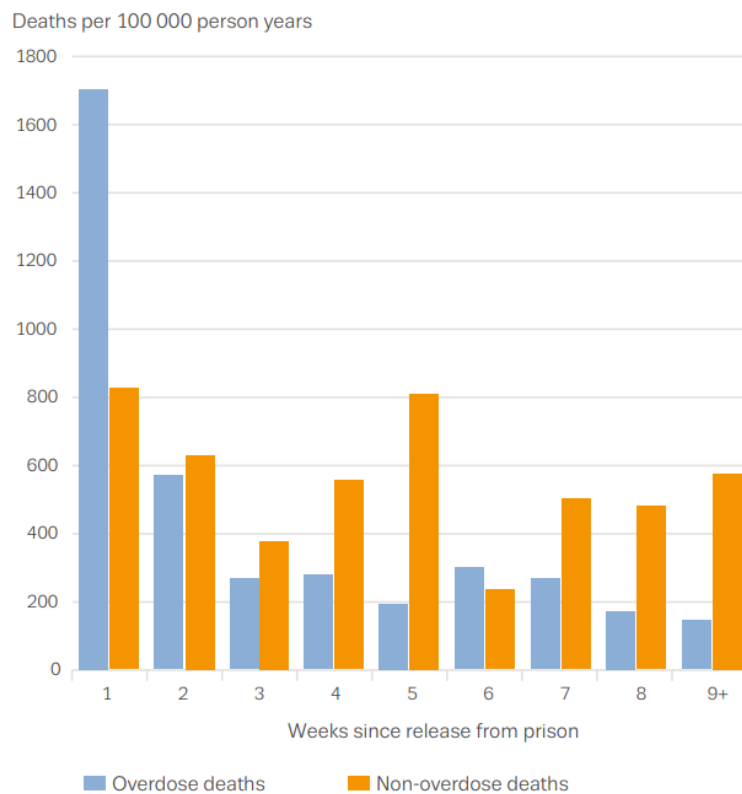
Source: Binswanger *et al.,* 2007

The specific measures proposed by the EMCDDA (2022b) to ensure a smoother transition to treatment in the community and to address the risks associated with release are explored below.

- **PRE-RELEASE COUNSELLING FROM THE PRISON INSTITUTION**

  It is an important step, providing individuals with the information and resources they need to address the risks associated with opioid use once out of prison.

- **FIRST AID AND OVERDOSE MANAGEMENT TRAINING[8]**

  It is positive in equipping prisoners with the skills necessary to respond effectively in the event of witnessing or experiencing an overdose.

- **OPTIMISATION OF REFERRAL**

  It ensures that those in need of treatment continue to receive medical care and support once released, avoiding interruptions in care that can increase risks.

- **DISTRIBUTION OF NALOXONE**

  It becomes an important life-saving tool as it can be administered in emergency situations, reversing the life-threatening effects of an overdose.

HARM REDUCTION IN THE PRISON ENVIRONMENT

The following are the **harm reduction interventions in prisons** presented according to the EMCDDA (2022b):

- **TESTING AND TREATMENT OF INFECTIOUS DISEASES**

  The importance of regular testing for infections such as blood-borne viruses, sexually transmitted infections and tuberculosis is emphasised. Early and effective treatment of these diseases «can reduce the spread of infectious diseases in the prison environment and in the wider community» (EMCDDA, 2022b).

- **VACCINATION**

  The EMCDDA (2022b) suggests the implementation of vaccination programmes to prevent infectious diseases[9] , thus contributing to the general health of the prison population.

- **TRAINING OF HEALTHCARE WORKERS[10]**

  It highlights the importance of providing training «to prison health staff on communicable diseases and the promotion of screening can increase active case detection and implementation of these programmes» (EMCDDA, 2022b).

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[8] For more information on overdose management and distribution of naloxone see section 4.3.4 on «Heroin and opioids».

[9] For further information see section 4.4.1 on «Drug-related infectious diseases».

[10] For more information see section 4.3.1 on «New psychoactive substances».

4.1.3 Educational establishments

Adolescence and early adulthood mark a stage of life characterised by exploration, the search for identity and experimentation, aspects that often include risk-taking and the eventual encounter with the consumption of psychoactive substances. In this context of changes and discoveries, **schools and universities emerge as significant actors in the management of the great challenge of the drug phenomenon**, being key spaces to positively influence the formation of healthy behaviours and the prevention of risk behaviours in young people. The EMCDDA (2022c) dives into a series of approaches and measures aimed at promoting healthy behaviours, preventing risks and providing guidance to young people in the educational context.

PREVENTION IN SCHOOLS

«Substance use prevention is often carried out in schools, as they offer unique access to young people during a critical developmental phase» (EMCDDA, 2022c).

Interventions in this area seek to influence both educational staff and students by adopting a comprehensive approach to address the risk and protective factors associated with drug use. Specific intervention in drug use prevention according to the EMCDDA (2022c) is specified below:

- ▪ UNIVERSAL PREVENTION PROGRAMMES

  «They focus on the development of social competences and refusal skills, as well as healthy decision-making skills, and on correcting misperceptions and normative perceptions about drug use» (EMCDDA, 2022c).

  It is positive to consider the implementation of evidence-based programmes that focus on the development of social competence and behavioural skills. According to the EMCDDA (2022c) these programmes have been shown to generate beneficial effects in multiple aspects, ranging from impulse management to the promotion of a positive and nurturing school environment.

- ▪ SUPPORT FOR PREVENTION POLICIES

  The enactment of guidelines and regulations that support the implementation and sustainability of programmes creates an enabling environment for the prevention of drug use in the educational setting.

- **PROGRAMMES TO DEVELOP SOCIAL AND BEHAVIOURAL SKILLS**

    These initiatives aim to equip students with tools for effective communication, the appropriate management of pressure situations and healthy decision-making in a variety of circumstances.

FOCUS ON THE FAMILY ENVIRONMENT

Interventions that achieve a synergy between parenting strategies, health education and behavioural development play a significant role in preventing substance use among young people. By combining parenting education efforts, the promotion of healthy habits and the cultivation of sound behavioural skills, a nurturing environment is established that provides young people with the necessary tools to make informed decisions and resist external pressures. The interventions identified by the EMCDDA (2022c) are described below:

- **STRATEGIC FAMILY INVOLVEMENT**

    By promoting collaboration between school and home, a holistic approach is established that reinforces messages and values related to drug prevention, providing support from both environments.

- **COMBINING PARENTING ACTIVITIES AND HEALTH EDUCATION**

    Effective prevention in the school setting includes the involvement of parents through specific activities designed to teach effective communication strategies, as well as providing health education related to drug use.

Figure 11. Family-based prevention intervention according to developmental stages
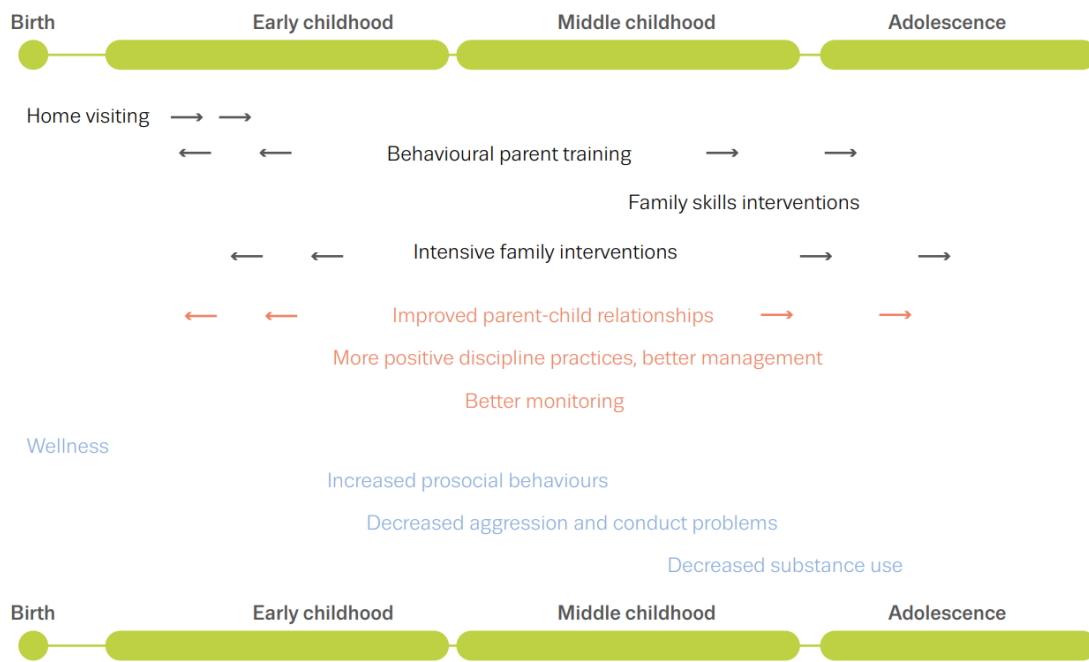
Source: EMCDDA, 2019

PREVENTION IN HIGHER EDUCATION INSTITUTIONS

In the university environment, where excessive alcohol and drug use can be prevalent, **prevention strategies focus on challenging the cultural norms surrounding these behaviours**. These methods, based on social norms approaches, according to the EMCDDA (2022c), seek to alter misperceptions about substance use among peers, thereby encouraging a healthier and more responsible perspective.

- **CULTURAL NORMS IN UNIVERSITY SETTINGS**

    Within university settings, where cultural norms can often perpetuate excessive alcohol and drug use, prevention approaches seek to challenge these entrenched perceptions.

- **SOCIAL NORMS TO REDUCE HARMFUL BEHAVIOUR**

    It is based on the premise that misperceptions about substance use among peers can influence individual behaviour.

4.1.4 Workplaces

In the analysis of factors influencing drug use, one aspect of great relevance is the relationship between workplaces and drug use. Workplaces play a significant role in people's lives, and their impact on substance use can vary from one factor to another. Alcohol and drug use in the workplace is a significant problem in today's society. In Europe, «an estimated 5-20% of the working population in Europe have serious alcohol-related problems» (EMCDDA, 2022d), underlining the magnitude of the issue.

The reasons behind drug use in the workplace according to the EMCDDA (2022d) are presented below:

- HARSH, PHYSICAL OR UNCOMFORTABLE WORKING CONDITIONS

  Physically strenuous jobs or jobs that are carried out in uncomfortable conditions may lead workers to resort to substances to cope with the burden or discomfort.

- LOW JOB SATISFACTION

  Job dissatisfaction may induce employees to seek relief in drugs as a way to cope with the lack of satisfaction in their work environment.

- IRREGULAR WORKING HOURS AND SHIFT WORK

  Irregular working hours or night shifts can disrupt the body's natural rhythm, which in turn can increase the risk of substance use to stay alert or relax.

- POOR SOCIAL SUPPORT FROM PEERS

  Lack of support and social connections in the work environment can lead to feelings of loneliness, leading some people to turn to drug use as an escape route.

- LITTLE SCOPE FOR DECISION MAKING

  Lack of autonomy in decision-making at work can lead to feelings of powerlessness, which in turn can lead to drug use as a way of regaining control.

- STRESS-RELATED FACTORS

  In an attempt to cope with stress, some individuals may turn to substance use as an escape route or coping mechanism.

Graphic 5 shows the availability of workplace awareness-raising responses aimed at preventing substance use in the 27 EU countries and Norway. It highlights notable variations in the uptake of these preventive measures in different countries. These data reflect a **diversity**

of approaches to promoting awareness of substance use in the workplace, with some nations leading the way in implementing these measures and others lagging behind.

Graphic 5. Availability of awareness-raising responses in the workplace to prevent substance use (%) in the EU-27 and Norway
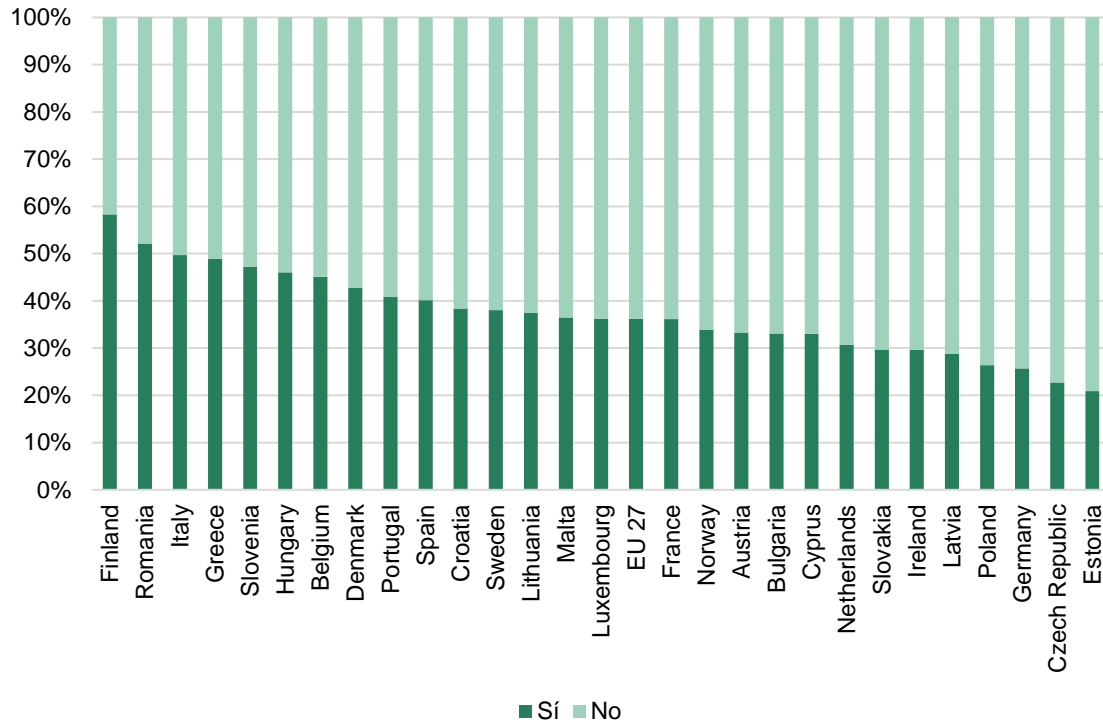
Source: EMCCDA, 2022d

RESPONSES TO QUESTIONS RELATED TO DRUGS AND THE WORKPLACE

In the context of today's workplace dynamics, there is a need for **strategic approaches to address substance use in the professional environment**. The EMCDDA (2022d) specifies the following guidelines for addressing drug use in the workplace.

▪ **WORKPLACE POLICIES**

It provides the opportunity to lead by example and encourage appropriate support for employees. The primary focus should be on preventive interventions, often including restrictions on alcohol and drug use to set standards and limit availability in the workplace (EMCDDA, 2022d).

▪ **PREVENTION THROUGH INFORMATION, EDUCATION AND TRAINING PROGRAMMES**

This approach seeks to prevent abuse and promote a safe and healthy working environment, where workers are fully informed about the potential dangers of substances they might be

tempted to use for performance-enhancing purposes. «The communication of information on performance-enhancing drugs will need to raise awareness of the risks and dangers of these substances, without increasing their potential attractiveness» (EMCDDA, 2022d).

▪ **IDENTIFICATION OF PROBLEMS AT THE INDIVIDUAL LEVEL**

It seeks to identify and understand the specific problems an individual may be experiencing, with the aim of providing appropriate care, support or intervention to address and overcome those challenges, «usually based on their ability to constructively address any problems that adversely affect work performance» (EMCDDA, 2022d).

▪ **IDENTIFICATION OF PROBLEMS AT THE ORGANISATIONAL LEVEL**

It is recommended to work with employees to identify and address elements at the organisational level that could be linked to drug-related problems (EMCDDA, 2022d).

▪ **INTERVENTIONS TO RESPOND DIRECTLY TO SUBSTANCE-RELATED PROBLEMS**

Interventions aim to support and treat workers with substance use challenges, while promoting prevention and a healthy work environment. These measures may include «counselling, referral and funding of treatment and rehabilitation programmes» (EMCDDA, 2022d).

4.1.5 Recreational settings

«The available scientific evidence and expert opinions suggest that a balanced approach is needed to address the alcohol and drug-related health and social problems associated with nightlife recreational contexts» (Becoña, 2022, p. 55).

Whenever we talk about nightlife, we are referring at the same time to the fact of having fun, to the processes of sociability, to substance use and to risk-taking and risk management (Faura & Garcia, 2013). In recent decades, in much of Europe, there have been important transformations in nightlife activities (Chatterton & Hollands, 2002). While alcohol and tobacco use remain the key components of nightlife, other substances have increasingly been added to the experience (Measham *et al.,* 2001).

These dynamics of changing consumption patterns in night-time recreational settings have posed **significant challenges for public policy, public health and safety.**

COORDINATED MULTI-COMPONENT APPROACHES

In the search for effective responses to the challenges linked to drug use in recreational settings, **the implementation of coordinated, multi-component approaches are presented as a comprehensive and strategic approach**.

> *«These partnerships, between local institutions, owners or managers of premises, the police and health authorities, aim to mobilise communities by raising awareness of specific harms and support from stakeholders and the public for preventive measures» (EMCDDA, 2022e).*

LEGISLATIVE MEASURES

Legislative measures play an important role in responses to drug use in recreational settings, being one part of government strategies to address this complex phenomenon. In an effort to regulate and control substance use in leisure and entertainment contexts, drug-related legislation has evolved significantly in many parts of the world. **These measures can range from repressive and punitive approaches to more harm reduction, risk reduction and public health-oriented approaches.** The adoption of legislative measures, supported by collaboration between authorities, the nightlife industry and law enforcement, «have proven effective in reducing alcohol-related problems» (EMCDDA, 2022e).

> *«A central measure to achieve good prevention of alcohol, tobacco and drug use, such as gambling, in a given population is to have adequate legislative measures that can be effectively implemented in that population» (Becoña, 2022, p. 104).*

Possible interventions in recreational settings include prevention services, supervisors, the nightlife industry, as well as police and enforcement of appropriate regulatory measures (EMCDDA, 2022e).

ENVIRONMENTAL STRATEGIES

The environment in which nightlife activities and festivals take place plays a key role in promoting or reducing drug use and its associated risks.

> *«[Environmental measures are defined as] all preventive strategies that are dedicated to altering the immediate cultural, social, physical and economic contexts that influence individuals' decision-making about their substance use» (Burkhart, 2011, p. 89).*

The consequences associated with alcohol and drug use can be significantly exacerbated by the physical and social environment in which both leisure and entertainment venues (EMCDDA, 2022e) and local communities operate. **The creation of safe, regulated and aware environments seeks to discourage risky behaviour**, while encouraging the adoption of safer and more responsible practices by consumers and attendees of these recreational settings.

According to the EMCDDA (2022e), the following **environmental strategies** have been identified as **having** positive **effects**:

- CREATING SAFER SPACES AND VENUES BY REDUCING CROWDING

  It involves managing the flow of people in night-time entertainment venues, seeking to reduce the density of attendees to avoid overcrowding.

- PROVIDING REST AND RELAXATION ROOMS

  These areas can provide a space to relax, converse and temporarily get away from the noise and commotion, improving the overall experience and reducing the stress associated with nightlife.

- SERVING FOOD

  The availability of food options in nightlife establishments can be an effective strategy for reducing the negative effects of substance use. Venues that serve food report less violence (Homel and Clark, 1994), «perhaps because they attract a different clientele or because blood alcohol concentration is altered» (Calafat *et al.,* 2009, p. 395).

- ENFORCE CLEAR RULES ON THE PART OF THE VENUE REGARDING CONDUCT

  Establishing rules and standards of behaviour within nightlife venues is positive for maintaining a safe and orderly environment.

- PREVENT ACCESS BY MINORS

  Restricting the access of minors to nightlife venues is an important measure to prevent problems associated with alcohol and drug use among this vulnerable group.

STAFF TRAINING AND FIRST AID SERVICES

Appropriate training for bartenders, access staff and other entertainment workers combines information and training (EMCDDA, 2022e). In nightlife settings, where drug use may be common, it is important that staff are well prepared to deal with situations related to

substance misuse. This involves not only knowing the signs of intoxication or overdose[11] , but also understanding the importance of acting with empathy and without prejudice when providing assistance to those who may be affected.

First aid services can lead to rapid identification of and responses to drug emergencies, and possibly save lives and decrease transfer time to hospital emergency departments (EMCDDA, 2022e).

> *«A small, well-equipped first aid room, specialised staff and easy access to emergency services provide the best opportunity for people with adverse drug and alcohol reactions to recover» (Bellis & Hughes, 2003, p. 295).*

These elements form the backbone of a preventative approach to risk management, promoting the health and well-being of participants in recreational settings.

DRUG TESTING SERVICES

The inclusion of drug testing services in the recreational context where psychoactive substances are used plays an important role in risk reduction. **This initiative aims to provide accurate and timely information to users, enabling them to make more informed decisions about their use**. In addition, these services play an important role in monitoring drug markets, providing early warning to relevant stakeholders (Energy control, 2023).

These programmes have proven to be highly effective in reaching a consumer audience that would rarely engage in other preventive initiatives. In this way, in addition to satisfying their primary concern, which is to know what the substance contains, they also receive additional information that is essential for safer use (Energy Control, 2004, p.29).

4.2   Collectives

In the complex landscape of the drug phenomenon, it is important to recognise that not all people face the same circumstances or have the same needs. **Different population groups, such as women, families, homeless and older people, have particular vulnerabilities in terms of**

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[11] For more information on overdose or drug testing services <u>see section 4.3.4</u> on «Heroin and opioids».

substance use. These vulnerabilities may be the result of a combination of social, economic, health and personal contextual factors that require differentiated attention and focus on policy and programme interventions.

4.2.1 Women

The relationship between women and drugs is a complex and multidimensional issue that encompasses much more than the simple act of substance use. From a broader perspective, **the phenomenon of women's drug use has a profound impact on various aspects of society, health and wellbeing**. In addition to considering the medical and social implications of substance use, it is important to explore how gender dynamics, cultural experiences and structural inequalities influence this relationship.

The gender distribution among users varies between substances. In the case of amphetamine-type stimulants, 45% of users are female, and a similar proportion is observed for non-medical use of pharmaceuticals, ranging from 45-49% female. In contrast, opiates have the highest proportion of male users at 75%, followed closely by cocaine at 73% (UNODC, 2023). Figure 12 shows users of selected drug groups by sex.

Figure 12. Users of selected drug groups by sex (2021)
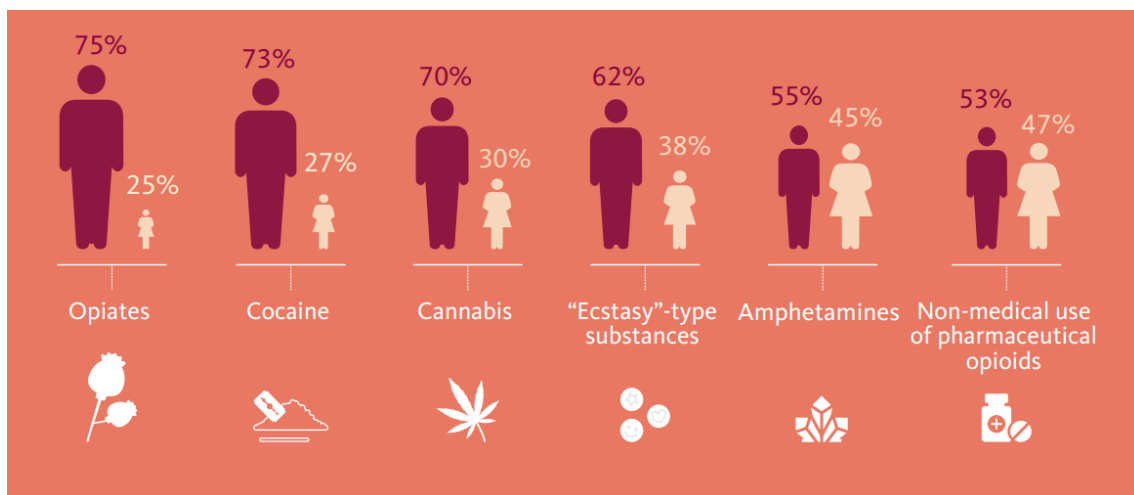
Source: UNODC, 2023

Women's experiences of drugs can be influenced by a number of factors, such as traditional gender roles, gender-based violence, access to economic resources and educational opportunities, and their position in society in general.

Access to the treatment needed to address the consequences of drug use differs between men and women. **Women are under-represented in drug treatment programmes, especially for women using amphetamine-type stimulants**, as shown in Figure 13. Almost half of amphetamine-type stimulant users are female, yet only one in four people in treatment is female (UNODC, 2023).

Figure 13. Proportion of women among drug users and in people in drug treatment, 2021
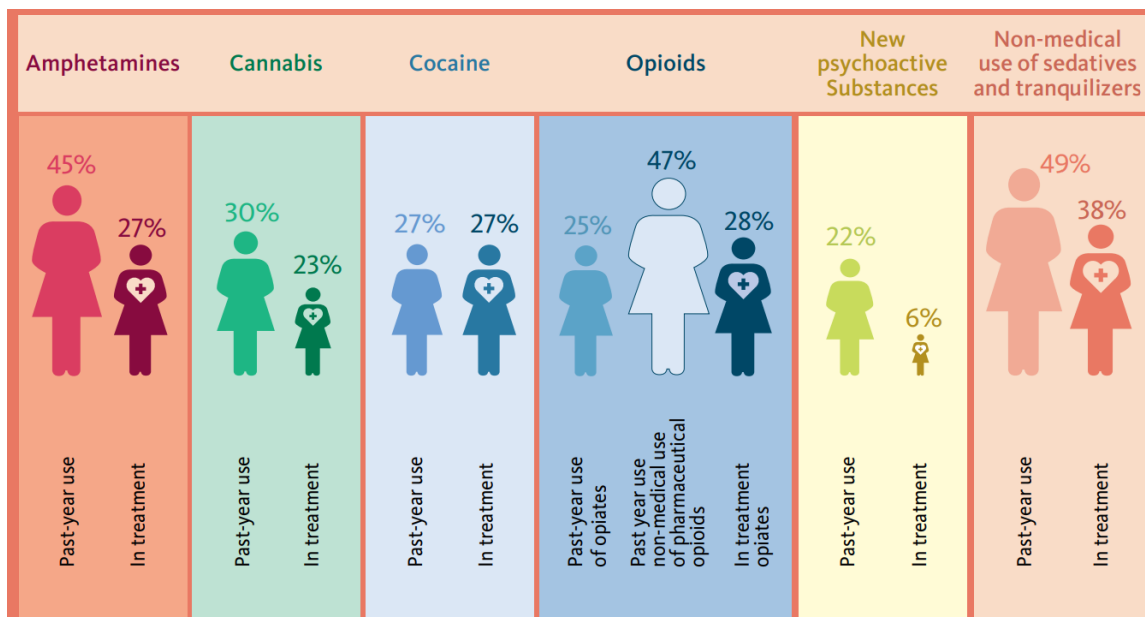
Source: UNODC, 2023

Double stigma can make it difficult for women to access the care and support needed to address their problematic substance use and can have significant consequences for their physical and emotional well-being.

SPECIFIC PROBLEMS IN WOMEN DRUG USERS

Differences between women and men with drug-related problems are striking and cover a wide range of areas. These divergences are manifested, according to the EMCDDA (2022f), in

their «social characteristics, living conditions and patterns of substance use, as well as in the consequences of substance use and progression towards dependence».

The specific problems faced by women in the context of drug use according to the EMCDDA (2022f) are described below:

- **STIGMATISATION**

  Stigma surrounds women in their substance use more than men, due to the perception that they challenge traditional gender roles, which intensifies guilt and shame and makes it difficult to seek help.

- **SOCIOECONOMIC BURDENS**

  Women substance users face greater socioeconomic burdens due to lower employment and income, making access to treatment more difficult.

- **SOCIAL SUPPORT**

  Social support may be insufficient for these women, who come from families with substance use problems or substance-using partners, further complicating their search for help and recovery.

- **DEPENDANT MINORS**

  Motherhood adds complexity, as the lack of childcare makes access to treatment difficult for mother-users and maintaining relationships with children becomes a significant factor in their recovery.

- **DRUG-USING COUPLES**

  Partners who use drugs influence women, impacting their use and risk of exposure to infections and violence.

  «Women who use drugs are much more likely to have experienced adverse childhood experiences or gender-based violence in adulthood» (EMCDDA, 2022f).

These traumatic experiences can have a profound impact on the pathway to addiction and on women's ability to seek help and support, underscoring the **need for treatment and prevention approaches that take into account the gender context** and address these specific aspects in a comprehensive manner.

SUB-GROUPS OF WOMEN WITH PARTICULAR NEEDS AND SPECIFIC RESPONSES

When addressing women's health and wellbeing in relation to substance use, it is important to understand that **not all women face identical challenges or respond uniformly to treatment interventions and programmes**. It is positive to recognise the presence of subgroups of women with particular needs and responses specific to their circumstances.

The EMCDDA (2022f) provides a **classification of sub-groups of women who have particular needs** and could benefit from specific responses, which are detailed below:

- **SEX WORKERS**

  For many women involved in sex work, drugs act as a means of escape from the difficult circumstances in which they find themselves, whether through coercion, lack of economic options or addiction.

- **WOMEN VICTIMS OF GENDER-BASED VIOLENCE**

  Women who have been victims of gender-based violence often find themselves trapped in relationships where drugs play a destructive role.

- **WOMEN IN PRISONS**

  The prison system often fails to address the needs of women in prison, including addiction treatment. Many women end up in prison due to drug-related offences, while others may face addiction problems inside prison.

- **PREGNANT WOMEN AND MOTHERS**

  Pregnant women and mothers face particular challenges in relation to drugs. Drug use during pregnancy can have negative effects on the health of the baby, and some women may cope with addiction while caring for their children.

- **LGBTQIA+ WOMEN**

  They may face a higher prevalence of mental health and substance abuse problems due to discrimination and stress associated with their identity.

- **MIGRANT AND ETHNIC MINORITY WOMEN**

  Women belonging to these groups may face additional drug-related challenges due to discrimination, marginalisation and lack of access to health services.

RESPONSES TO DRUG-RELATED PROBLEMS AMONG WOMEN

In addressing the care of women facing substance use challenges, it is important to understand the intricate nature of their situations and, consequently, to **design treatment and support services that are flexible and highly responsive to the specific needs of this population**.

«[It is of utmost importance] to consider women's needs and incorporate them into all aspects of the service and its delivery: structure and organisation, location, staffing, development, approach and content» (EMCDDA, 2022f).

Figure 14. Service needs and responses for some subgroups of women with drug-related problems
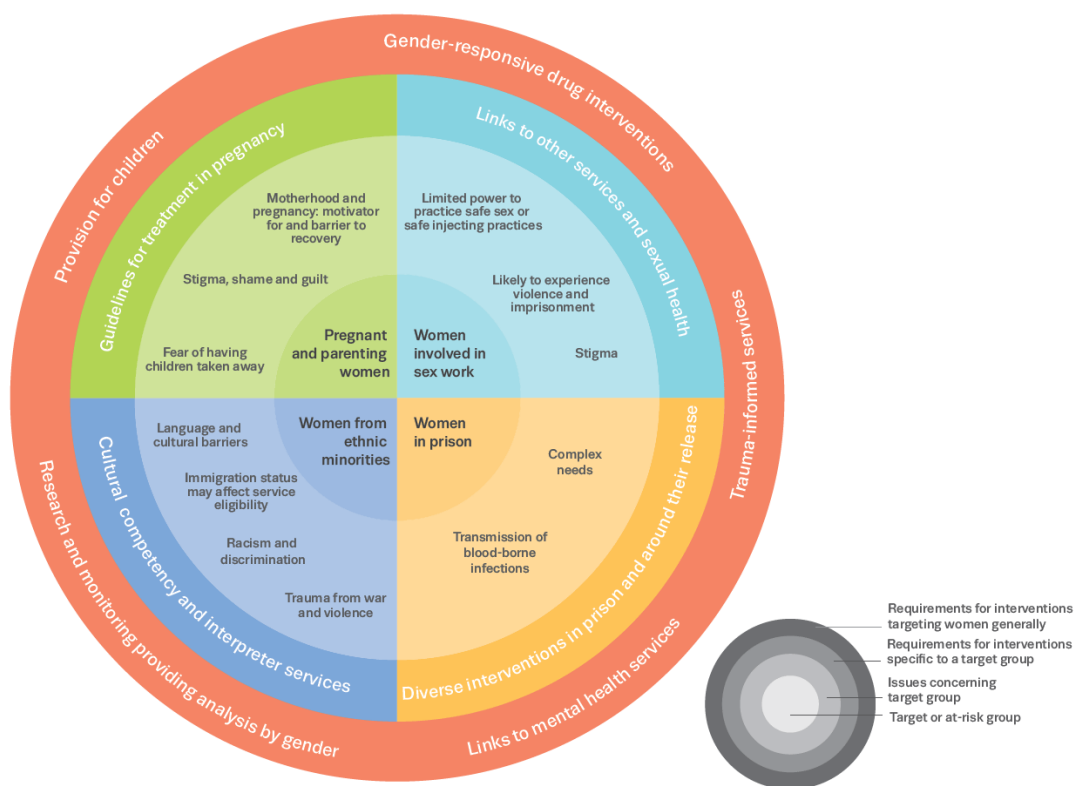
Source: EMCDDA, 2022f

Designing specific interventions for women who use drugs is a process that requires specialised attention and a thorough understanding of the specific needs of various subgroups, as specified above. **Each subgroup of women has different characteristics**, such as the type of substances used, the presence of mental health disorders, experiences of trauma, pregnancy or motherhood, among other factors that influence their care requirements.

The following details the specific guidelines proposed by the EMCDDA (2022f) in order to **ensure that treatment services are effectively tailored to the particular needs of various subgroups of women drug users**.

- **GENERAL ANSWERS**

  It is important to have services that are welcoming, impartial and supportive. These services should adopt a trauma-informed approach to provide women with a safe physical and emotional environment.

- **SPECIFIC SERVICES FOR WOMEN ONLY**

  Specific services designed exclusively for women should be provided by women and tailored to their individual needs. A collaborative approach involving various institutions and sectors, including health and social services, as well as the justice sector, is encouraged.

- **WOMEN IN SEX WORK**

  The availability of services with night opening hours, mobile contact services and easily accessible childcare and assistance services is recommended. Services should provide a non-judgmental, empathetic and supportive environment for women only, with people who understand the same situation.

- **WOMEN IN PRISON**

  Interventions for women in prison should be approached with a gender perspective, taking into account past trauma, and offering harm reduction services. It is important to consider issues related to housing and economic stability, provide vocational and life skills training, and strengthen social support and family relationships.

- **PREGNANT WOMEN AND MOTHERS**

  Interventions should address issues such as drug use, obstetric and gynaecological care, family planning, infectious diseases, mental health, and personal and social well-being.

- **LGBTQIA+ WOMEN**

  It is important that there are services dedicated exclusively to their needs. Interventions should address issues such as drug use, homophobia, violence, social isolation and family problems.

- **MIGRANT AND ETHNIC MINORITY WOMEN**

  Interventions for migrant or ethnic minority women should consider ethnic and cultural aspects when allocating treatment. This may involve the need to employ social workers as cultural mediators and to provide interventions in the native language.

4.2.2 Families

The dynamics of drug-related situations have a direct impact on the traditional core of society: the family. The complexity of these scenarios demands specific and focused policy responses to address the challenges that arise within the family. This section delves into the analysis of the policy responses designed to address the implications that the drug phenomenon has on family structures.

KEY ISSUES RELATED TO FAMILIES OF DRUG USERS

Family dynamics and problem drug use form a complex intersection that can have significant consequences for the health, well-being and cohesion of family units. **Family members have the capacity to provide the necessary support to the relative facing drug use problems and motivate them to seek treatment** (EMCDDA, 2022g). This connection is not limited to adult users:

> *«Children and other family members of a person with problem drug use can suffer a range of health, social and economic harms» (EMCDDA, 2022g).*

The family and social environment is recognised as a relevant causal group for psychoactive substance use disorders, and the **importance of family structure and support in sustained and long-term recovery from substance use disorders**, especially in adolescents, is now accepted (Barrett & Turner, 2006; Liddle, 2004; Risberg & Funk, 2000). To better understand these complex dynamics and to highlight the most significant points of impact, Table 6 below summarises the different domains in which an association with parental substance use has been observed across the various stages of children's development.

Table 6. Summary of areas of potential impact on children at all stages of development that have been found to be associated with parental substance use

Age in years	Health and well-being	Education and cognitive capacity	Relationships and personal identity	Emotional and behavioural development
0 a 4	Neonatal abstinence syndrome. Poor hygiene and diet. Missed immunisations and missed medical and dental check-ups. Safety risks due to inadequate control. Physical violence.	Lack of stimulation due to parents' preoccupation with drugs and their own problems. Irregular participation or non-attendance in pre-school education.	Separation from one or both biological parents. Attachment problems with parents or caregiver. It can be expected to take on excessive responsibility.	Emotional insecurity due to unstable parental behaviour and absence. Hyperactivity, inattention, impulsivity, aggression, depression and anxiety: all more frequent. Continuous fear of separation. Inappropriate learned responses from witnessing violence, theft and adult sexual behaviour.
5 a 14	Absence of school medical examinations. Dental check-ups not carried out. Little support at puberty. More likely to smoke, drink and use drugs at an early age.	Poor school attendance, preparation and concentration due to unstable family situation, especially when caring for siblings. Increased risk of school exclusion.	Limited friendships. May assume excessive responsibility for parents or siblings. Poor self-image and low self-esteem.	More antisocial acts by boys; depression, anxiety and withdrawal among girls. Emotional disorders and behavioural disorders, e.g. bullying and sexual abuse are more frequent.
15+	Increased risk of problematic substance use, pregnancy and sexually transmitted diseases.	Lack of education can affect quality of life in the long term.	Lack of appropriate role models can affect relationships and personal identity.	Higher risk of self-blame or guilt, higher risk of suicide. Increased risk of crime and criminality.

Source: EMCDDA (2022g) from Cleaver *et al.,* 2011

Understanding the influence that drugs can have on family dynamics is important for developing effective approaches to mitigate the negative impact and promote the health and well-being of all family members. The EMCDDA (2022g) identifies a number of **key characteristics that interventions should incorporate, based on a review of the evidence of their effectiveness**:

- ▪ ENGAGE CHILDREN AND PARENTS, providing opportunities for positive parent-child interactions.

- ▪ INCLUDE family skills TRAINING COMPONENTS.

- ▪ ENSURING ENGAGEMENT by building trust, offering peer support relationships and building knowledge about addictions.

- ▪ ALLOW SUFFICIENT TIME, preferably more than ten weeks.

The EMCDDA (2022g) has conducted a monitoring and evaluation of the availability of family-based interventions in 2019. Figure 15 provides an illuminating overview of practices and resources to support children affected by this situation across the European Union.

Figure 15. Availability of family-based interventions for children affected by parental substance use, 2019

● Limited provision: exists in more than a few relevant locations (but not in a majority of them)
● Rare provision: exists in just a few relevant locations
● Extensive provision: exists in a majority of relevant locations (but not in nearly all of them)
● No information available
● Full provision: exists in nearly all relevant locations
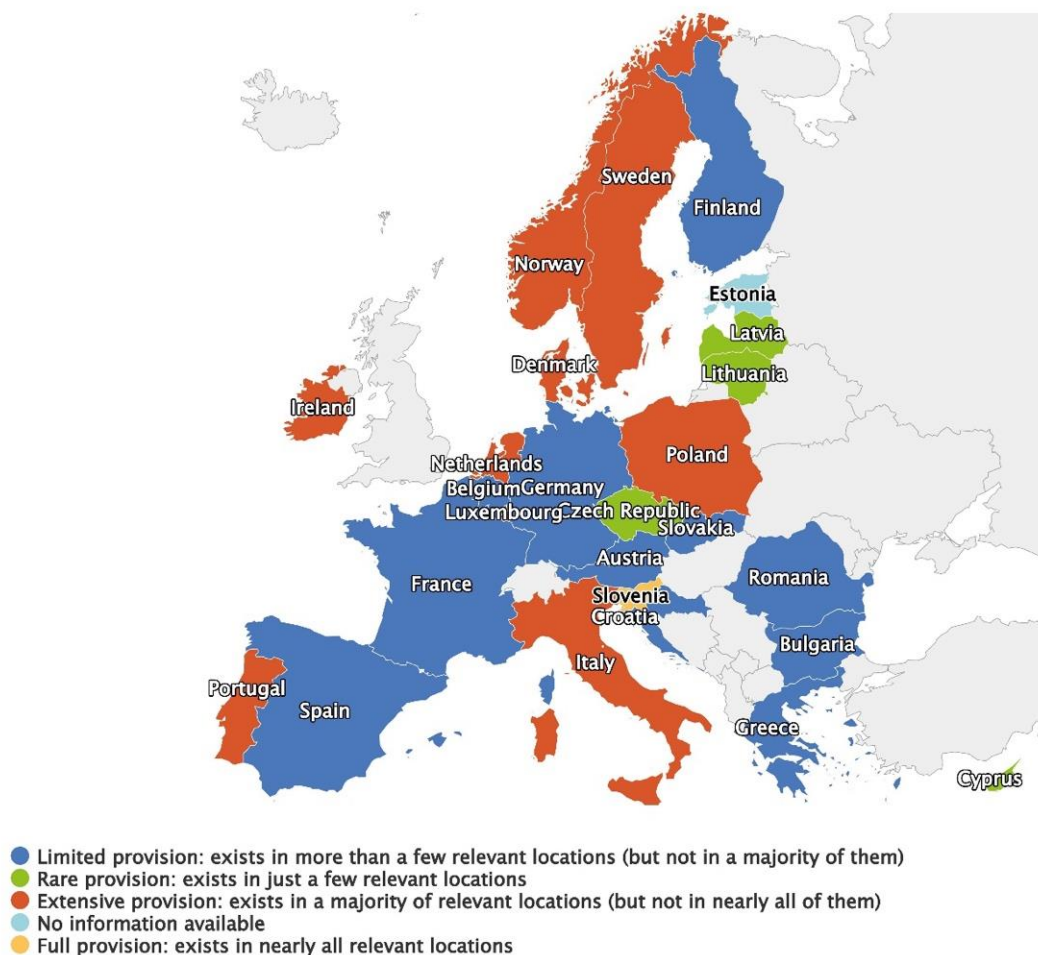
Source: EMCDDA, 2022g

4.2.3 Homelessness

Homelessness is a multidimensional challenge that requires a thorough understanding in order to adequately address their needs.

> *«Homeless people constitute a heterogeneous group of people» (EMCDDA, 2022h).*

Despite this diversity, it is important to note that they **share a common characteristic: they live in extremely precarious conditions**, which exposes them to «a range of social, mental and physical health risks that can significantly increase morbidity and mortality» (EMCDDA, 2022h).

In order to properly address this phenomenon, it is important to start by establishing a clear definition of the term «homeless». We use the definition proposed by the European Federation of National Organisations Working with the Homeless (FEANTSA) and based on the European Typology of Homelessness and Housing Exclusion (ETHOS), which provides us with a solid framework for understanding and analysing the situation of homelessness.

> *«Homeless people are] those people who cannot access or maintain adequate accommodation, adapted to their personal situation, permanent and providing a stable framework for living together, either for economic reasons or other social barriers, or because they have personal difficulties to lead an autonomous life» (FEANTSA, 1995).*

The **classification of homeless people** proposed by ETHOS is detailed in FEANTSA (2008, p. 5) with the following categorisation according to their residential situation:

- **PERSONS WHO HAVE NO ROOF TO LIVE UNDER**

  They have no accommodation of any kind; they live in a public space.

- **HOMELESS PERSONS**

  They live in temporary accommodation, in institutions or hostels.

- **PERSONS IN INSECURE ACCOMMODATION**

  They live under severe threat of exclusion due to eviction, precarious tenancy or domestic violence.

- **PERSONS IN UNSUITABLE ACCOMMODATION**

  They live in shacks in squatter settlements, in housing that is unfit for habitation according to regulations, or where there is overcrowding.

RESPONSES TO DRUG-RELATED PROBLEMS FOR HOMELESS PEOPLE

Homeless people facing drug-related challenges represent a complex and urgent area of public health.

> *«Instability, insecurity, unwanted moves, exposure to multiple sources of risk and stress, undiagnosed and unmet physical and mental health treatment needs, and simply the lack of a safe, settled and adequate place to sleep pose challenges to effective responses for this group» (EMCDDA, 2022h).*

One of the key challenges is the **lack of services specifically targeted at homeless people who use drugs**. As a result, homeless people often turn to other services designed for homeless people or low-threshold drug dependence services, which may not provide the specialised care they require (EMCDDA, 2022h).

It highlights the **importance of an integrated approach to addressing the challenges of drug use among homeless people**. It recognises that homelessness and substance use are often interconnected and require holistic responses. To achieve effective impact, **three key guiding principles** are promoted according to the EMCDDA (2022h):

- **STABLE HOUSING**

  The first principle underlines the importance of providing stable housing as «a fundamental component of the response to homelessness» (EMCDDA, 2022h). Access to safe and adequate housing is very important to address the underlying challenges of homelessness and to create a stable environment in which people can receive adequate support and care.

- **DAMAGE REDUCTION**

  The harm reduction measures recommended by the EMCDDA (2022h) guidelines in this area are detailed below, thus providing a more comprehensive overview of the actions available to support older people in relation to their substance use. **Interventions for this group** may include (EMCDDA, 2022h):
    - Syringe exchange programmes,
    - venipuncture room[12],
    - mobile clinics,
    - access to pharmacological treatment for substance use disorders and naloxone supply.

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[12] For more information on venipuncture rooms and the provision of naloxone see <u>section 4.3.4</u> on «Heroin and opioids».

- INTEGRATED SERVICES

   The third principle highlights the importance of providing integrated services. «Integrated strategies may include harm reduction, treatment, education, education, employment and support services, emergency and temporary shelter or permanent and permanent housing, all operating as an integrated network» (EMCDDA, 202h). Collaboration and coordination between these service areas are important to provide effective and sustainable support.

4.2.4 Older people

The phenomenon of drug use is not exclusive to young age groups; in fact, it affects people of all ages, including the older population. This observation highlights the complexity and diversity of factors that contribute to substance use in society, regardless of age.

As society ages, there is a **need to understand the dynamics of substance use in older people**. Older people with drug-related problems are defined as:

> *«Those aged 40 and over whose long-term drug use harms them or puts them at high risk of such harm» (EMCDDA, 2023a).*

Opioid use among older people is a growing phenomenon. Over the past two decades, we have seen a significant shift in the demographics of those seeking treatment for problems related to opioid use (EMCDDA, 2023a). With the ageing of the population in the European context, **the average age of those seeking help has increased**, raising questions about how to address this challenge in a demographic group that faces its own health and wellbeing challenges.

Graphic 6. Age distribution of all clients entering treatment with heroin as their primary drug, 2010 and 2021 (%)
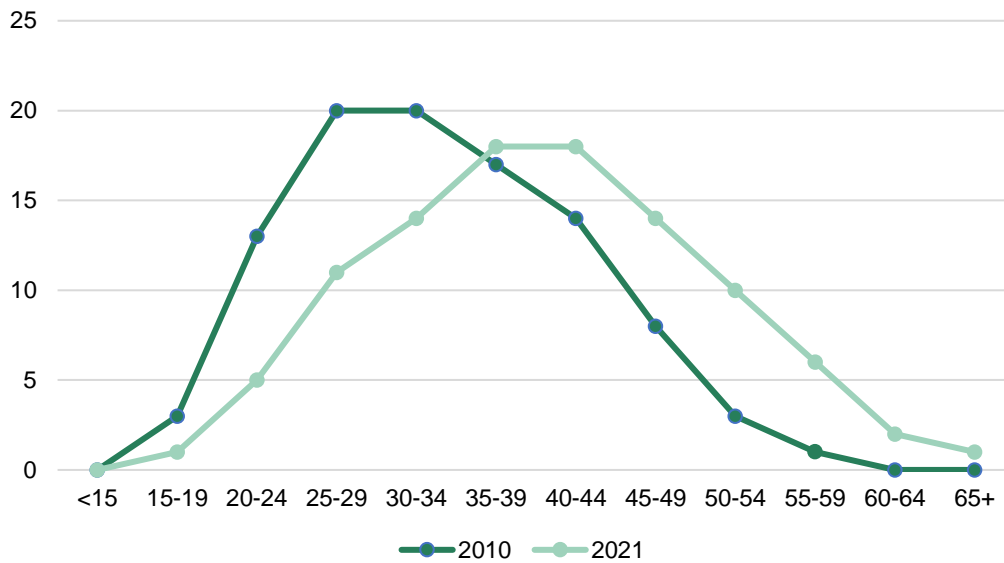
Source: EMCDDA, 2023b

Prolonged opioid use in older people is not only related to the immediate effects of the drugs but is also associated with long-term health problems. **Hepatitis C and HIV are significant concerns**, especially for older people who share needles or engage in high-risk behaviours. Many long-term injectors have contracted HIV and hepatitis C virus (HCV) infections (EMCDDA, 2023a).

In addition to the use of opiates, **the use of substances such as benzodiazepines by older people raises additional concerns**. Several studies point to an abuse of pharmacological substances in this demographic group, which is attributed to medical prescription, availability in pharmacies, the influence of advertising and lack of health literacy (Vega, 1994, p. 279). The use of these substances leads to an «increased risk of cognitive impairment, delirium, falls and accidents» (EMCDDA, 2023a) in older people.

The stigma and discrimination associated with substance use can be even more damaging for older people. Social judgement and lack of adequate support «can be a barrier to seeking help, engaging in recovery communities or seeking health care» (EMCDDA, 2023a), which perpetuates the cycle of substance use.

TAILORED RESPONSES FOR OLDER PEOPLE WITH DRUG PROBLEMS

Responses targeting older people with problems related to long-term drug use have focused on harm reduction, but **there is little evidence of interventions that specifically address the needs of this age group** (EMCDDA, 2023a). It is positive that interventions focused on this demographic are tailored to address not only addiction issues per se, but also ageing-related concerns, such as chronic health problems and the impact on quality of life. Personalised approaches that take into account the life context of these individuals and their circumstances are important to provide effective and appropriate care.

The EMCDDA (2023a) suggests a number of **key responses for this demographic group**:

- **COMPREHENSIVE TREATMENT FOR OLDER PEOPLE WITH DRUG USE**

  This approach focuses on providing drug treatment services specifically designed to meet the needs of older people. A multidisciplinary approach is provided that addresses both the medical and psychological requirements of this population, taking into account their socially isolated situation.

- **COMPREHENSIVE MEDICAL AND DENTAL CARE FOR THE ELDERLY**

  This point focuses on ensuring that older people have access to comprehensive health care, including dental care services for their physical and mental well-being.

- **IMPROVED ACCESS TO HEPATITIS C ANTIVIRAL TREATMENTS**

  The priority here is to facilitate improved access to and more effective use of antiviral treatments to combat hepatitis C in older people.

- **SPECIALISED RESIDENCES FOR OLDER PEOPLE WITH A HISTORY OF DRUG USE**

  This point addresses the need to establish specialised nursing homes that provide long-term residential care for older people with a history of drug use.

- **SAFE AND ADAPTED HOUSING FOR OLDER PEOPLE**

  The promotion of safe and adapted housing is important to address the specific needs of older people, especially those with a history of drug use.

- **TRAINING OF HEALTH AND SOCIAL CARE PERSONNEL**

  This point seeks to promote awareness-raising and training programmes for health and social care staff. The aim is to ensure adequate care for older people with a history of drug use and to avoid stigmatisation.

- SOCIAL ISOLATION AND STIGMA INTERVENTIONS

  The aim is to implement interventions aimed at addressing social isolation and combating the stigma faced by older people with a history of drug use.

4.3 Substances

Graphic 7 presents an analysis of the quantity of drugs seized in the European Union, with rates covering the period from 2009 to 2019. These data are broken down by drug type, providing a detailed overview of the evolution of seizures over the decade.

Graphic 7. Quantity of drugs seized in the European Union, indexed trends 2009-19
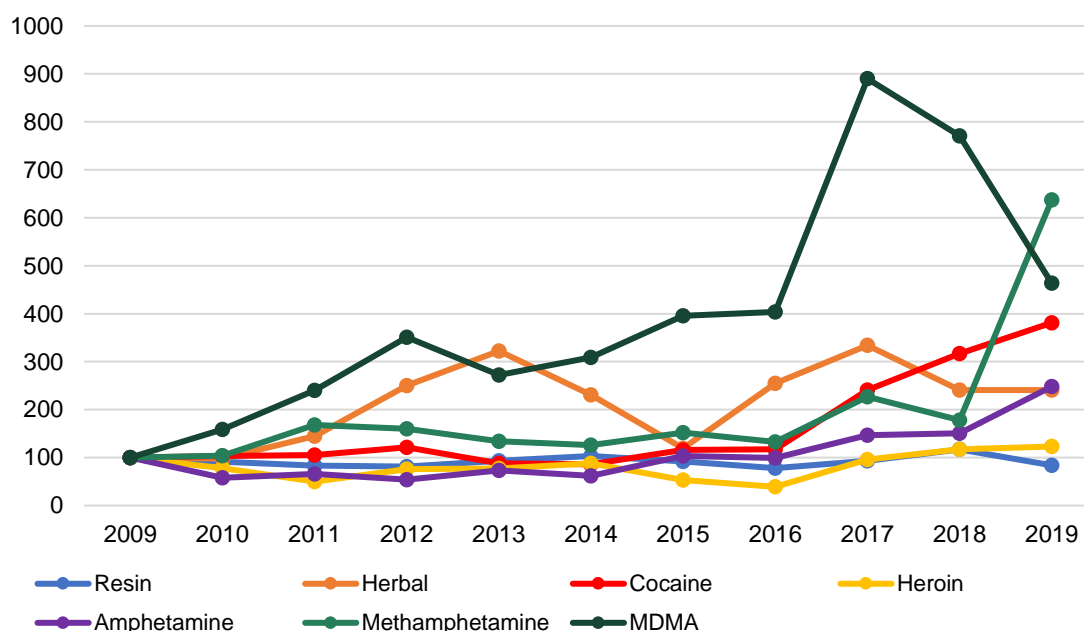
Source: EMCDDA, 2021i

4.3.1 New Psychoactive Substances (NPS)

In recent decades, the psychoactive substance landscape has undergone a remarkable evolution with the emergence and proliferation of what are commonly referred to as «new psychoactive substances», as shown in Figure 16. Unlike traditional drugs, whose effects and risks are better known, NPS are often chemical compounds that mimic the effects of established illicit drugs, often escaping existing regulations.

Figure 16 shows the NPS in the global market, together with its distribution by substance type for the years 2015 and 2021, allowing for an analysis of the evolution of this phenomenon over time.

Figure 16. NPS on the global market (2015 & 2021)
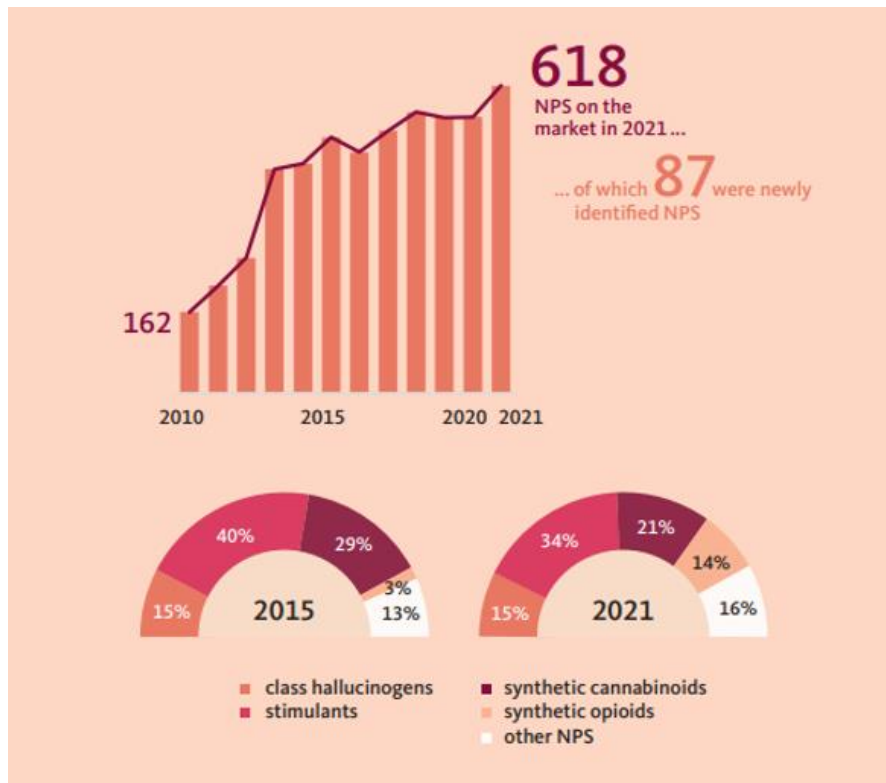
Source: UNODC, 2023

The term «New Psychoactive Substances» refers to:

> *«a substance, in pure form or in a preparation, which is not covered by the 1961 United Nations Single Convention on Narcotic Drugs, as amended by the 1972 Protocol, or by the 1971 United Nations Convention on Psychoactive Substances, but which may pose health or social risks similar to those posed by substances covered by those conventions» (EMCDDA, 2021d).*

NPS can present health and social risks comparable to those associated with controlled substances. They often belong to the same broad chemical classes as the better-known controlled substances, such as synthetic cannabinoids, opioids, benzodiazepines, stimulants and hallucinogens. However, **because they have chemical differences from established drugs, the health risks can vary and, in many cases, are still unknown.**

These substances are available via the Darknet, social media platforms or sometimes street suppliers, and are sometimes marketed as «legal» substitutes for illegal drugs. Graphic 8 provides a detailed overview of the amount of NPS seized in the European Union in 2021.

Graphic 8. Seizures of NPS in the European Union: quantity seized (kg), 2005-2021
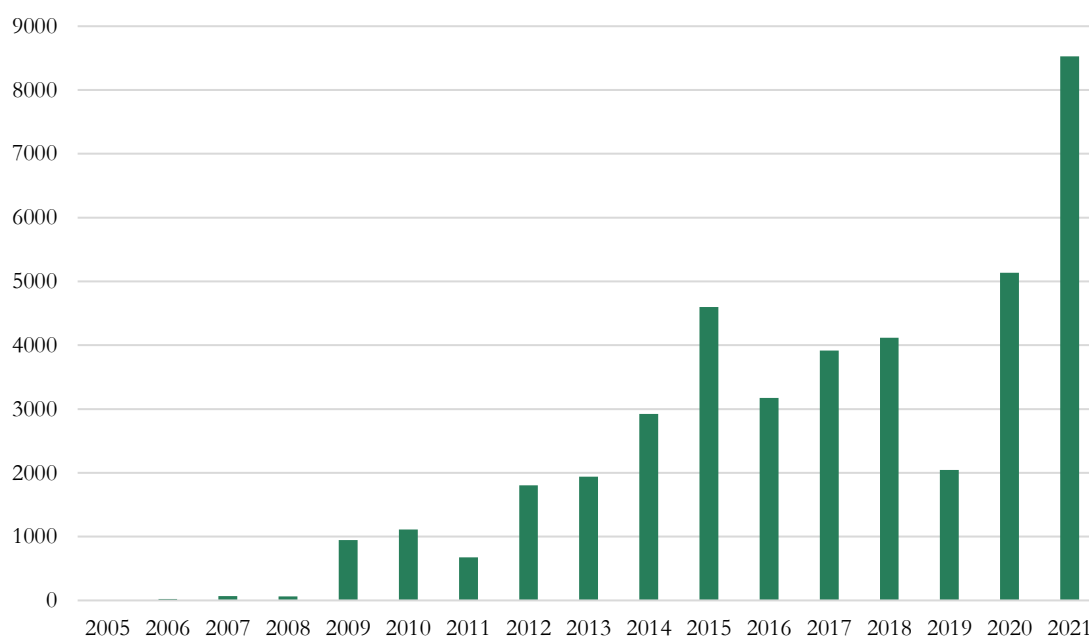
Source: EMCCDA, 2023b

RESPONSES TO EMERGING PROBLEMS RELATED TO NEW PSYCHOACTIVE SUBSTANCES

In a constantly evolving environment, the dynamics of psychoactive substance use have led to the emergence of new challenges and risks. **NPS present a complex landscape in which innovation and adaptation are important.** The rapid spread of these substances, their diversity and their effects highlight the need for a thorough understanding and a proactive approach to addressing the problems they pose. The importance of developing effective and appropriate responses that adapt to the changing nature of this phenomenon is evident.

Response 1. Monitoring and early warning systems

«Early warning systems and related monitoring systems play a central role in identifying and responding rapidly to emerging harms caused by new substances» (EMCDDA, 2021d).

As NPS continue to evolve, **the ability to quickly identify and understand associated risks is important for the implementation of prevention and harm reduction measures.** These early

warning systems not only inform about potential threats, but also support evidence-based decision-making and the formulation of appropriate strategies to address these ever-changing challenges.

Graphic 9. Seizures of NPS in the European Union: number of seizures (2005-2021)
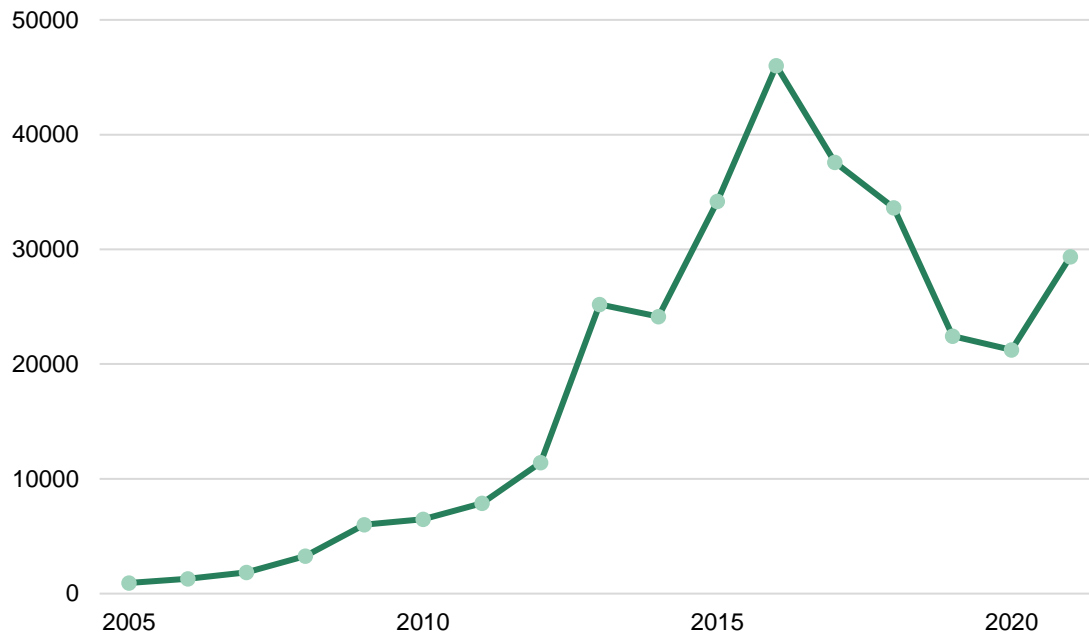
Source: EMCDDA, 2021i

In Europe, the Early Warning System (EWS) was established as a joint approach to address the phenomenon of NPS among Member States. According to the report of the European Monitoring Centre for Drugs and Drug Addiction:

> «[this system was] first set up in 1997 under Joint Action 97/396/JHA and strengthened in 2005 by Council Decision 2005/387/JHA. Since 23 November 2018, the EWS operates under Regulation (EC) 1920/2006, which has been amended by Regulation (EU) 2017/2101» (EMCDDA, 2019, p. 8).

Graphic 10 shows the number of NPS by category that were reported for the first time by the SAT.

Graphic 10. Number of NPS reported for the first time to the EU Early Warning System, by category (2005-2022)
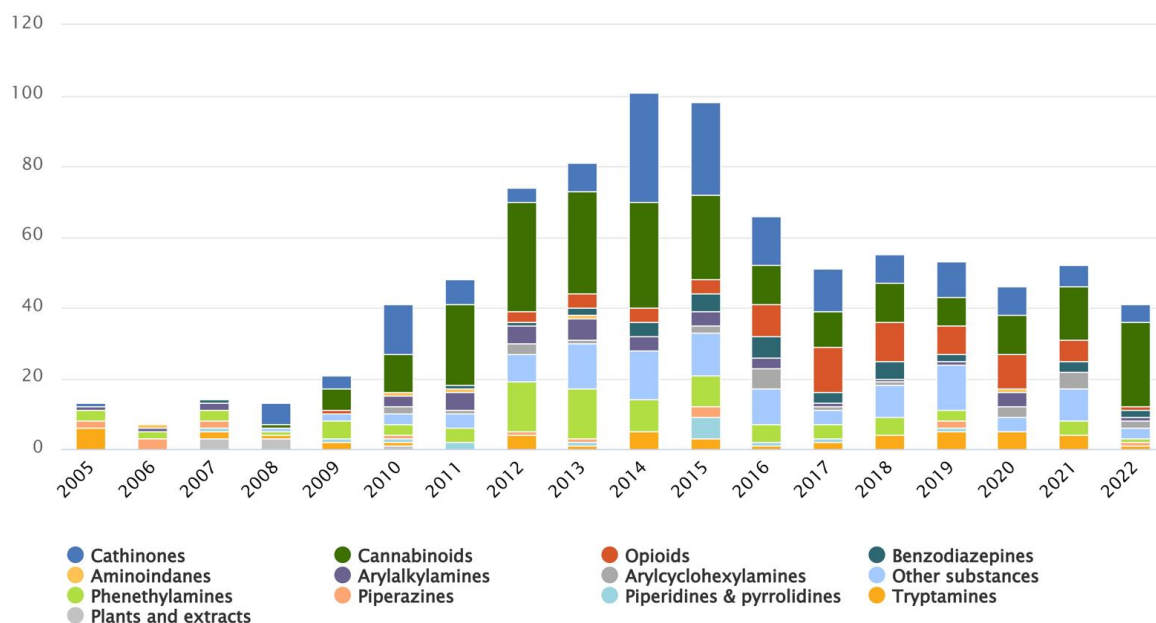
Source: EMCDDA, 2021i

Response 2. Prevention

«When including new psychoactive substances in school-based prevention activities, it would be most appropriate to do so as part of a generic prevention programme that is supported by evidence of effectiveness» (EMCDDA, 2021d).

This strategy underlines the **importance of prevention education as an integral component in mitigating the risks associated with NPS**. By integrating information about these substances into informed prevention programmes, it provides young people with a more comprehensive understanding of the risks associated with substance use and encourages informed decision-making.

Regardless of the substance, **prevention interventions that emphasise the development of skills and coping strategies have been shown to be effective in reducing the risks associated with substance use** (EMCDDA, 2021d). This approach is based on the recognition that effective prevention is not limited to warning about the dangers of specific substances, but also focuses on empowering individuals to make informed choices and resist environmental pressures. By equipping individuals with coping skills, informed decision-making and resilience, a more robust and adaptive preventive approach is promoted, capable of addressing a variety of substances and situations, resulting in greater protection of health and well-being.

Response 3. Treatment

The changing dynamics of new psychoactive substance use pose significant treatment challenges. As new NPS with varying properties and unpredictable effects continually emerge, the need for effective treatment strategies becomes increasingly apparent. Despite the fact that these substances can cause substantial harm to the health and well-being of those who use them, **specialised treatment to address the consequences related to NPS use is not fully developed in many European countries** (EMCDDA, 2021d).

Despite initial challenges in addressing the harms associated with NPS, significant progress is being seen in the provision of services in a number of countries. In response to the increasing complexity of the risks associated with NPS use, **several European countries have initiated the development of clinical guidelines aimed at addressing both acute and chronic health harms, as well as promoting training and awareness-raising initiatives** for health professionals (EMCDDA, 2021d).

Response 4. Harm reduction

Responses to the challenges posed by NPS have developed gradually, but are now intensifying in Europe (EMCDDA, 2021d). **The complexity and variability of NPS require constant adaptation by health care systems and social services**. As more information and experience has accumulated, the commitment to address these challenges more effectively has strengthened. This has resulted in an increase in «drug education and training activities, user-led consumer protection internet interventions and needle and syringe exchange programmes[13] in low-threshold services» (EMCDDA, 2021d).

GOOD PRACTICES IN THE NEW PSYCHOACTIVE SUBSTANCES PHENOMENON

In this section, a number of **good practices** are presented **that have been implemented in various Member States of the European Union in order to address the phenomenon of NPS** (EMCDDA, 2021d). These strategies are designed to safeguard public health, mitigate risks and promote the safety of society as a whole.

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[13] For further information see section 4.4.1 on «Drug-related infectious diseases».

The information detailed in Table 7 highlights approaches that have proven to be effective in the management of NPS and can serve as a valuable source of reference for those involved in the field of prevention, treatment and harm reduction associated with these substances.

Table 7. Emerging Good Practice in Responding to NPS

Establishment of an early warning system to identify and communicate risks associated with new harmful substances.
Training and support for professionals in existing services, adapting their skills to address problems related to NPS.
Creation of specific guidelines to respond to substance use **in prisons and custodial settings.**
Cultural competency building in services to increase participation and uptake of interventions.
Provision of specialised training on new substances and harm reduction, targeting at-risk groups or current users.
Integration of preventive activities on new substances into school-based programmes supported by evidence of effectiveness.
Adopting multi-disciplinary approaches that connect various services to reach vulnerable groups not served by conventional methods.
Ongoing assessment of the development of responses to new substances, identifying effective interventions that address their various challenges.

Source: EMCDDA, 2021d

4.3.2 Amphetamines / Methamphetamines

In the dynamic public health landscape, amphetamines and methamphetamines, as stimulant substances, have created health and social challenges.

> *«Amphetamine and its chemical variants - methamphetamine, methylphenidate and many others - are compounds derived from an alkaloid called «ephedrine», which is found in some plants such as Ephedra synica and Sida cordifolia» (Paglini, 2023).*

On the European continent, the use of amphetamines and methamphetamines is evident on a daily basis, although it is amphetamine that is used more frequently than methamphetamine (EMCDDA, 2021e). However, **there are substantial differences between different European regions in the use of stimulants such as amphetamine and methamphetamine**, as shown in Figure 17.

Figure 17. Prevalence of lifetime prevalence of amphetamines use among adults (15-64 years old), by country
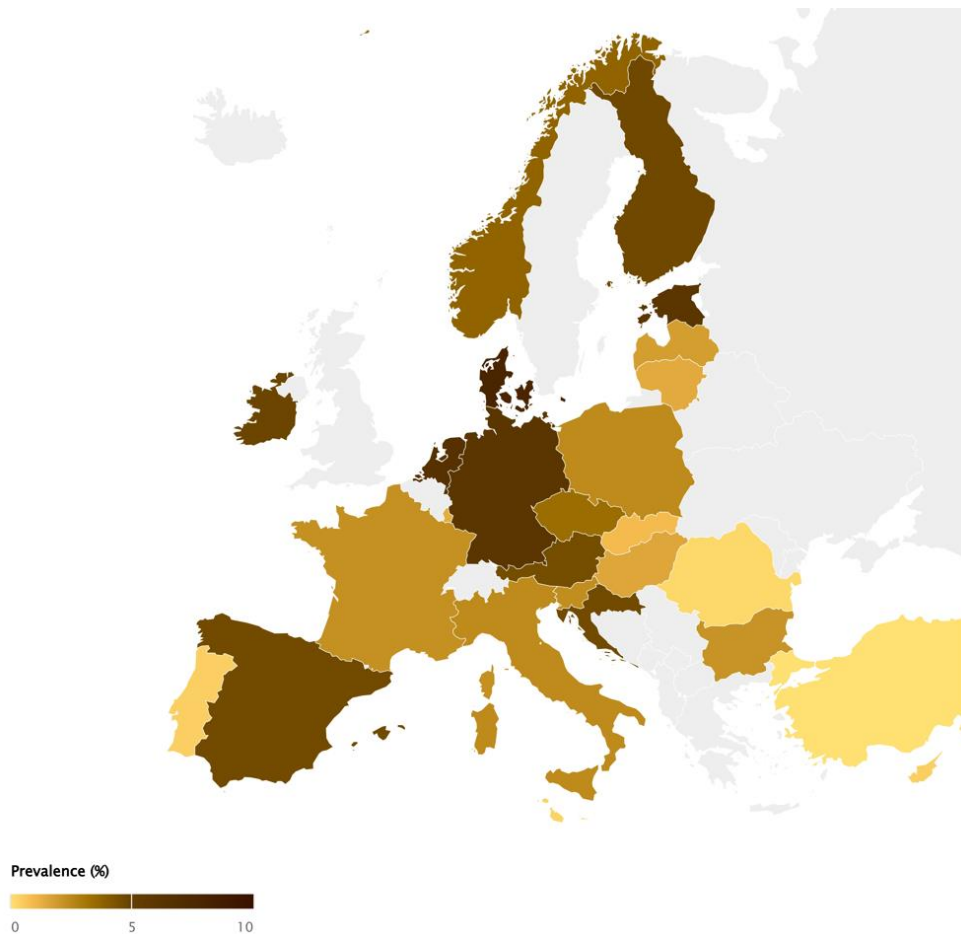
Source: EMCDDA, 2023b

Amphetamines increase activity in certain areas of the brain related to thinking, decision-making, movement and pleasure, i.e. they have a psychostimulant effect, leading to changes at both psychological and physical levels (Paglini, 2023). Amphetamines tend to increase confidence, sociability, feelings of well-being, alertness, motivation and sexual desire, while reducing feelings of hunger and tiredness, and are therefore often used by high-performance athletes and students (Spencer *et al.*, 2015). However, in some people it can cause symptoms

such as anxiety, bruxism, irritability, seizures, aggression and paranoia, which increase in severity as the dose increases (Shoptaw *et al.*, 2009).

Acute problems may affect experimental stimulant users but are likely to be less frequent when stimulant use is occasional and limited to low doses (EMCDDA, 2021e). However, **the most problematic effects of amphetamine are manifested in chronic users**, who experience serious physical degradation and a significant decrease in their quality of life due to the high addictive potential of this substance (Paglini, 2023). Graphic 11 represents the distribution of frequency of amphetamines and methamphetamines use in the population surveyed during the past 30 days in the EU-27, Norway and Turkey.

Graphic 11. Frequency of amphetamine and methamphetamine use in the last month (%): all people entering treatment (2021 or most recent data)
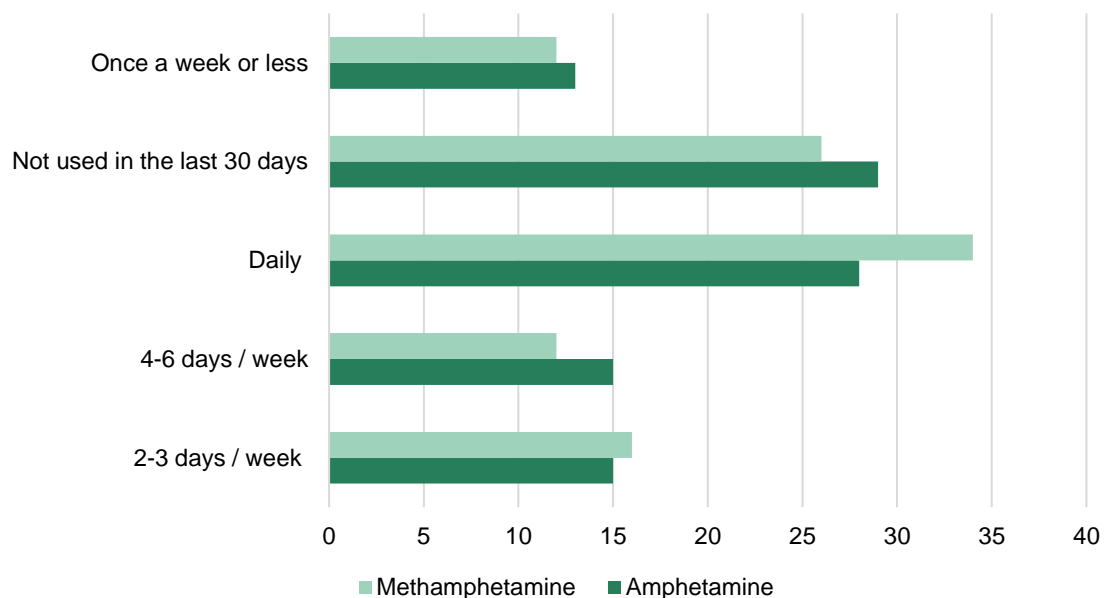
Source: EMCCDA, 2023b

RESPONSES TO STIMULANT-RELATED PROBLEMS

Problems related to amphetamine-type stimulants can be addressed through two types of response. On the one hand, responses based on a harm reduction approach, and on the other hand, treatment-focused responses.

Response 1. Harm reduction

Within the field of harm reduction in the use of stimulants such as amphetamine and methamphetamine, a number of strategies have been developed that are designed to specifically address the challenges and risks associated with the use of these stimulants. The following are the **harm reduction interventions recommended** by the EMCDDA (2021e) guidelines in this area.

Table 8. Specific responses in the context of harm reduction in stimulant use

Injecting stimulant users
Increased access to needle and syringe exchange programmes[14].
Outreach policies and provision of sterile injection instruments.
Provision of information on safe injections, hygiene and vein and wound care.
Services in supervised consumption rooms for stimulant users.
Distribution of empty gelatine capsules with the aim of encouraging oral consumption and reducing the risks of injection-related HIV and HCV infection.
Crack users
Adaptation of existing services to assist in safer smoking practices.
Supply of kits including pipes and filters.
Methamphetamine risk reduction interventions, such as safe smoking equipment.
Stimulant users in the context of chemsex
Multidisciplinary services providing drug dependence and sexual health services.
Drug testing services[15]

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[14] For further information see section 4.4.1 on «Drug-related infectious diseases».
[15] For more information see section 4.1.5 on «Recreational settings».

> Provide information on the risks of high-purity or adulterated stimulants.

Source: EMCDDA, 2021e

Response 2. Treatment

In the context of the challenges posed by problematic use of stimulant substances, **it is relevant to note that those seeking treatment mostly face difficulties related to cocaine and amphetamines use; in contrast, it is notable that people who use MDMA show a rare tendency to seek therapeutic help** (EMCDDA, 2021e). Figure 18 represents the percentage of people entering treatment for the first time in EU Member States with amphetamine as the first substance used in 2021.

Figure 18. Amphetamine. Entrants for this substance as a share of all first-time treatment entrants (2021)
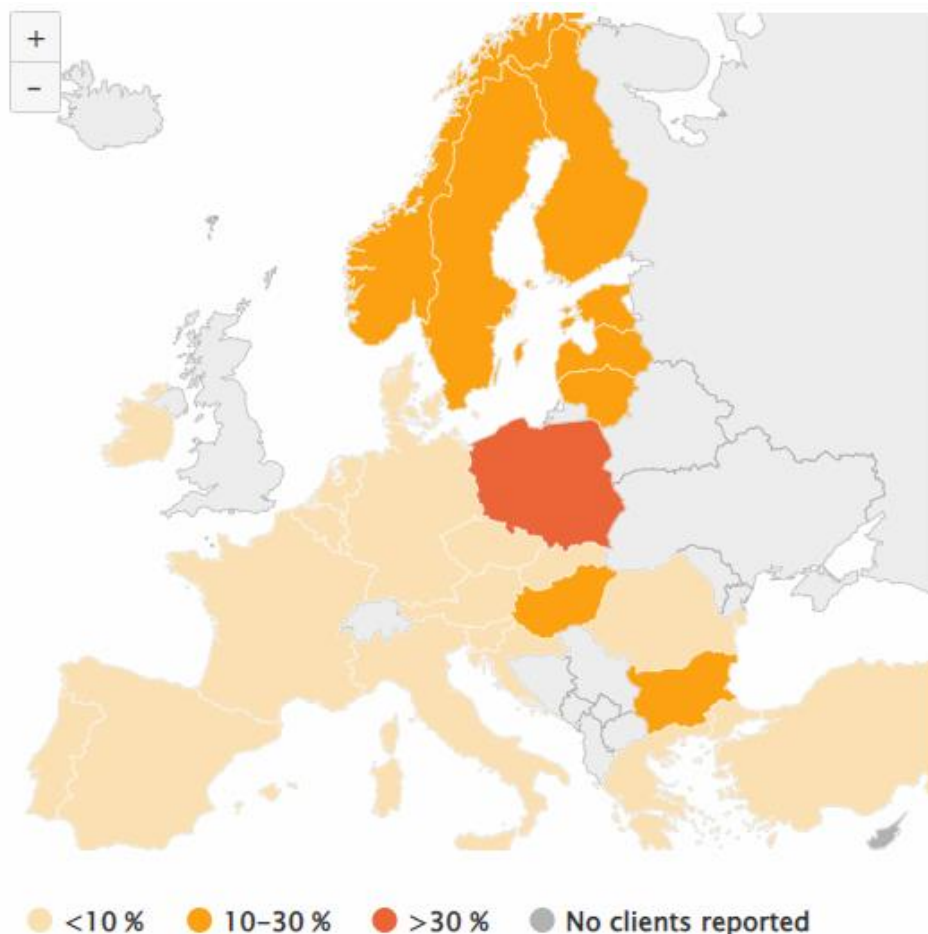
Source: EMCCDA, 2023b

It is important to focus on developing specific strategies and approaches to address the challenges associated with amphetamine-type stimulant (ATS) use in order to provide effective and tailored care for people facing these problems. The complexity of this phenomenon and its public health impacts requires specialised attention and a thorough understanding of the factors that influence ATS use, highlighting the **importance of an individualised and evidence-based approach to mitigate the negative effects and promote recovery for those affected by problem drug use**. The data presented in Gra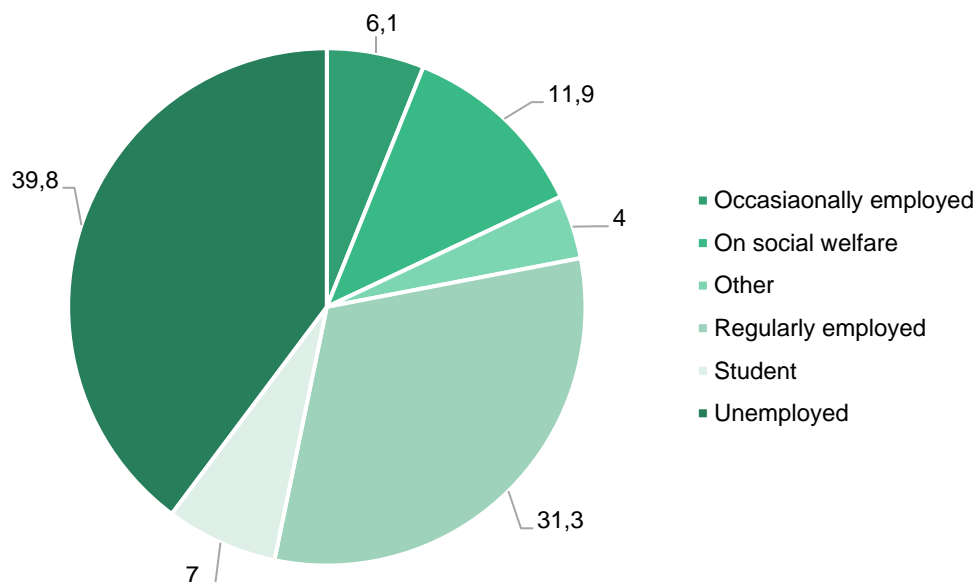phic 12 shed light on the wide range of work situations experienced by individuals entering treatment for stimulant use in a context spanning the EU-27, Norway and Turkey.

Graphic 12. Employment status of clients entering treatment for stimulant use (%) in the EU-27, Norway and Turkey

Source: EMCCDA, 2021e

According to the EMCDDA (2021e) the interventions that have been used to treat cocaine use are **contingency management[16] , cognitive behavioural therapy and motivational interviewing**. These interventions represent structured therapeutic processes that address both psychological and social aspects of the patient's behaviour and may therefore also be

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[16] For more information on contingency management, cognitive behavioural therapy and motivational interviewing see section 4.3.5 on «Cannabis».

useful in the treatment of people who seek help when they have developed problematic use of amphetamine or methamphetamine.

4.3.3   Non-medical use of medicines

Non-medical use of medicines, also known as inappropriate use or abuse of medicines, is a practice that has become common in contemporary societies.

«Non-medical use of prescription medicines is an issue of growing concern in Europe and is associated with a range of acute health harms and chronic problems, such as dependence» (EMCDDA, 2021n).

This trend poses a number of challenges for both public health and human safety, as it can have serious health consequences, ranging from addictions to unwanted side effects. **It is important to understand the causes, consequences and strategies to address this phenomenon**, which is defined as:

«a broad category that refers to the use of a psychoactive drug for self-medication, recreational or enhancement purposes, with or without a prescription, but outside accepted medical guidelines» (EMCDDA, 2021n).

Five key categories of medicines are highlighted as important to understand in the context of the regulation and safety of pharmaceuticals. These categories are detailed below according to the EMCDDA (2021n):

- MEDICINES AUTHORISED for therapeutic use in one or more EU countries. This includes both prescription and non-prescription medicines.
- MEDICINAL PRODUCTS NOT AUTHORISED for use in any EU country but authorised in one or more non-EU countries.
- FAKE MEDICINES designed to simulate real medicines. These products may contain ingredients of poor quality or in an incorrect dosage, or other substances not indicated on the package leaflet.
- COUNTERFEIT MEDICINES that do not comply with intellectual property rights or infringe trademark laws.
- NPS SOLD AS LEGAL DRUG SUBSTITUTES FOR therapeutic purposes, but not authorised for medical use and not internationally controlled.

In recognition of the problems that inappropriate use of medicines can cause, **their use has been regulated by three major drug control treaties** to ensure the availability of these medicines for medical and scientific purposes, and to prevent their diversion into illicit channels (UNODC, 2011).

- SINGLE CONVENTION ON NARCOTIC DRUGS OF 1961, as amended by the 1972 Protocol, which aimed to combat illicit drug use through coordinated international action.
- 1971 CONVENTION ON PSYCHOTROPIC SUBSTANCES, which established an international control system for the use of psychotropic substances.
- UNITED NATIONS CONVENTION AGAINST ILLICIT TRAFFIC IN NARCOTIC DRUGS AND PSYCHOTROPIC SUBSTANCES ADOPTED IN 1988, which includes legislative and administrative measures against drug trafficking, including provisions against money laundering and the diversion of precursor chemicals.

It is important to note that **common patterns of non-medical medicine use can vary significantly due to a range of individual or contextual factors**. These individual and contextual factors play an important role in understanding the diversity of behaviours related to non-medical medicine use and underline the need to address these challenges in a holistic manner tailored to the particular circumstances of each individual or community.

RESPONSES TO PROBLEMS RELATED TO THE NON-MEDICAL USE OF MEDICINES

Problems related to the non-medical use of medicines can be addressed through two types of response. On the one hand, responses based on the deployment of targeted surveillance systems, and on the other hand, responses focused on prevention and treatment.

Response 1. Surveillance

Developing effective responses to non-medical use of medicines requires a thorough understanding of the magnitude and nature of this phenomenon. **Surveillance becomes an important pillar for understanding prevalence, motivations, barriers to treatment access and sources of supply, as well as for identifying changes over time.** However, the complexity of this issue, involving a diversity of medicines, procurement sources and consumer groups, presents significant challenges in terms of defining, collecting and comparing data in an

international context. The EMCDDA (2021n) sets out different responses in the area of surveillance as detailed below:

- **DIVERSITY OF DATA SOURCES**

  Integration of multiple sources of information is required to assess the extent of non-medical use of medicines.

- **WASTEWATER ANALYSIS**

  Wastewater monitoring emerges as an innovative strategy to measure total drug use in a community, allowing to capture temporal variations and recreational use patterns.

- **PHARMACY SALES STATISTICS**

  Recorded pharmacy sales, together with medical invoices and prescription databases, can provide an accurate and economic picture of consumption trends.

- **INDICATORS ON THE INTERNET**

  Analysis of internet search trends and reports can offer insights into medicine use and procurement.

Prevention and treatment

Addressing the non-medical use of medicines requires effective prevention and treatment measures to **balance the availability of these medicines for legitimate purposes, while mitigating their misuse**. The proliferation of medicines available online poses regulatory challenges and calls for innovative solutions. Responses, in many cases, must include law enforcement to combat diversion at the production and distribution stages.

The following are **guidelines for addressing the phenomenon of non-medical use of medicines through prevention and treatment strategies**, according to the EMCDDA guidelines (2021n).

- **ACCESS GUIDELINES**

  Implement WHO guidelines on access to controlled medicines to ensure availability to those who require them for medical reasons, while minimising the risk of diversion.

- **ONLINE CHALLENGES**

  Addressing the increased availability of medicines online through effective legal and regulatory solutions and implementing measures to mitigate diversion in the supply chain.

- **TECHNOLOGICAL ADVANCES**

  Incorporate innovations such as electronic registers and prescription databases to reduce fraudulent practices, such as obtaining multiple prescriptions, and improve the traceability of medicines.

- **ACCESS TO TREATMENT**

  Ensure an appropriate balance between access to the CAT[17] and safeguards to prevent diversion of medicines.

- **PATIENT REGISTRATION**

  Establish registries for patients on opioid agonist treatment to limit multiple access to controlled medicines.

- **CHALLENGES IN SURVEILLANCE**

  Overcome the lack of systematic monitoring of opioid drug diversion by collecting empirical data, which will serve as a basis for policy decisions and the development of prevention strategies.

- **ADAPTED TREATMENT**

  Personalise the treatment approach for non-medical use of medication, using cognitive-behavioural therapy[18] and opioid agonists according to the individual needs of each patient.

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[17] For more information see section 4.3.4 on «Heroin and opioids».
[18] For further information see section 4.3.5 on «Cannabis».

Figure 19. Examples of strategies to prevent the diversion of opioid substitution treatment medication
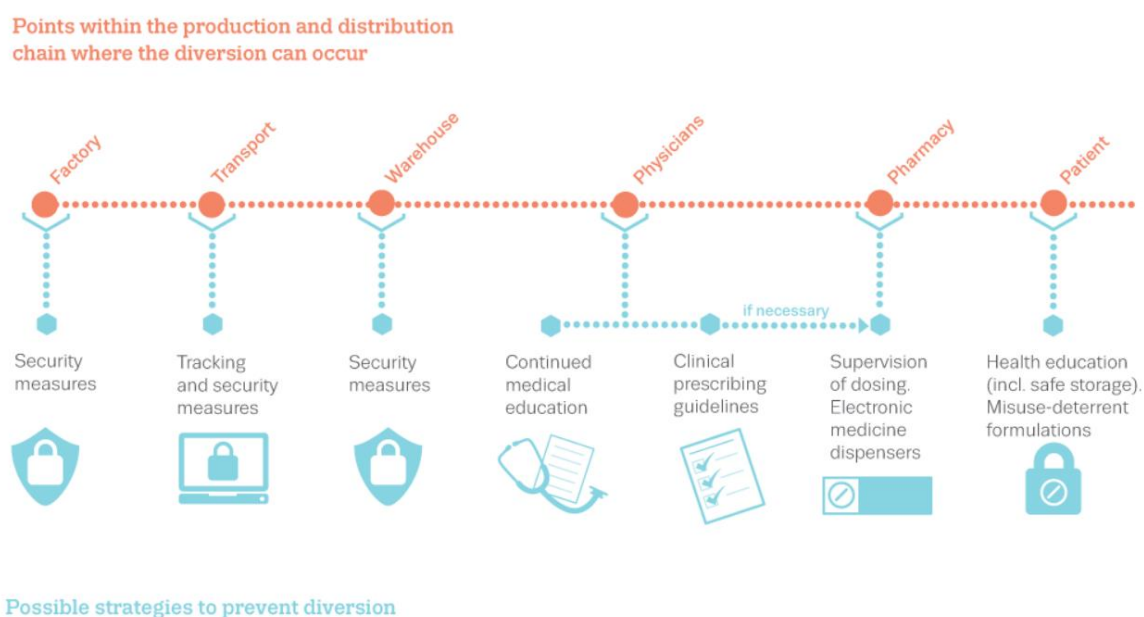
Source: EMCDDA, 2021f

4.3.4   Heroin and opioids

GENERIC INTERVENTIONS TARGETING HEROIN AND OPIOIDS

Heroin and opioids share an origin in the opium plant and the ability to influence the central nervous system, producing effects ranging from pain relief to states of intense euphoria. The term opioid refers to:

> *«Any endogenous or exogenous substance that has an affinity for opioid receptors, i.e. that binds to them in a specific way» (Alvárez and Farré, 2005, p. 23).*

Over the past four decades, opioids, particularly injecting heroin, have emerged as a central drug concern in several European countries (EMCDDA, 2021g). The dynamic evolution of this phenomenon raises questions about the social, economic and cultural roots that contribute to its prevalence, thus establishing the need for further analysis and reflection on possible approaches to address this complex reality. Figure 20 shows the proportion of heroin-related acute toxicity incidents in 2021 in the Member States of the European Union.

Figure 20. Proportion of acute drug toxicity presentations with heroin involved in 2021

Source: EMCDDA, 2023b

The prevalence of high-risk opioid use (injecting or long-term/regular use) among adults (aged 15-64 years) in Europe has remained relatively stable for several years, with estimates of users standing at approximately 0.35 % of the EU population (EMCDDA, 2021g), graphically evidenced in Figure 21. However, this apparent stability in rates of high-risk opioid use may mask underlying dynamics and emerging challenges.

Figure 21. Last year prevalence of high-risk opioid use among adults (15-64), 2020 or latest data
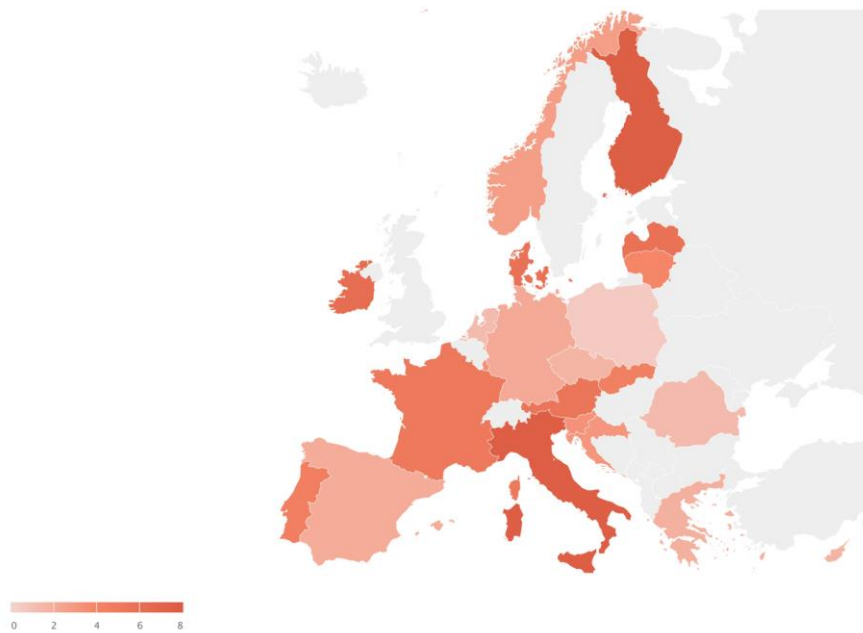
Source: EMCDDA, 2021g

Graphic 13 and 14 provide a detailed overview of the age distribution of those entering treatment with heroin as their main drug in the EU-27, Norway and Turkey, as well as the employment status of individuals entering treatment due to opioid use.

Graphic 13. Age distribution of all clients entering with heroin as their primary drug, 2010 and 2021
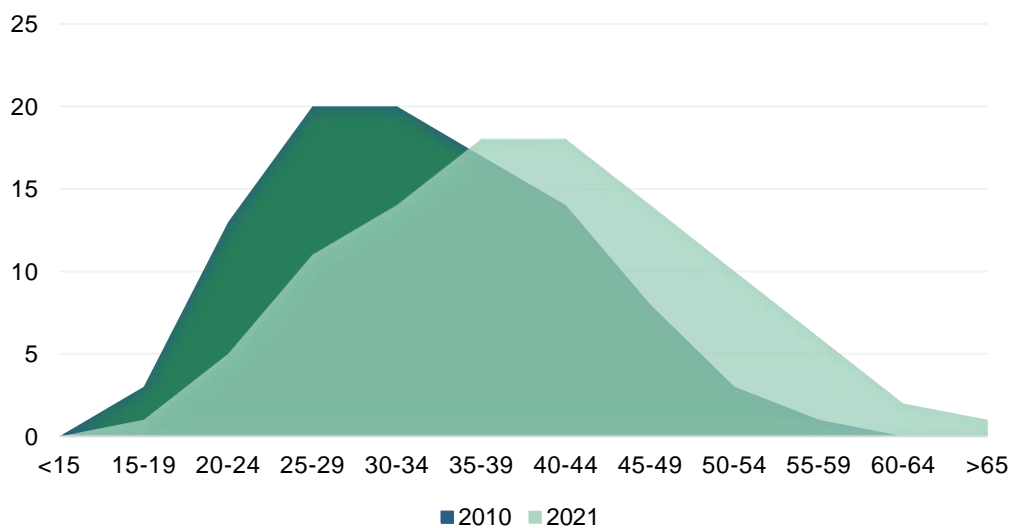
Source: EMCDDA, 2023b

Graphic 14. Employment status of clients entering opioid treatment (%) in EU-27, Norway and Turkey

- Occasionally employed
- On social welfare
- Other
- Regularly employed
- Student
- Unemployed

Source: EMCCDA, 2023b

Responses to opioid-related problems

Addressing problems associated with opioids requires responses backed by solid evidence and a precise understanding of the goals of intervention. The EMCDDA (2021g) defines the following intervention strategies.

- ▪ PHARMACOLOGICAL INTERVENTIONS

    Long-term treatment with opioid agonists such as methadone or buprenorphine, combined with psychosocial interventions.
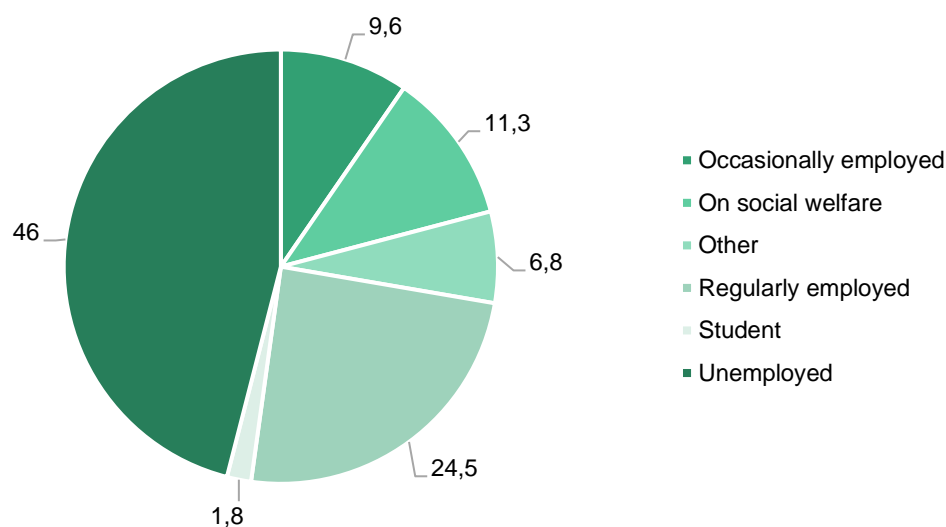
- ▪ BEHAVIOURAL AND PSYCHOSOCIAL INTERVENTIONS

    They include structured psychological therapies, motivational interventions[19] , behavioural therapy and contingency management to promote psychological and social change.

- ▪ RESIDENTIAL REHABILITATION

    Treatment centres with medical and therapeutic programmes for users with medium to high drug-related needs.

- ▪ SELF-HELP AND MUTUAL ASSISTANCE GROUPS

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[19] For more information on motivational interventions, behavioural therapy and contingency management see section 4.3.5 on «Cannabis».

They teach cognitive and behavioural self-management techniques and wellness interventions such as meditation, mindfulness and physical activity.

- ▪ RECOVERY AND REINTEGRATION SUPPORT SERVICES

They include employment and housing support to facilitate reintegration.

Graphic 15. Trends in first-time heroin entrants for treatment in selected countries (2016-2021)
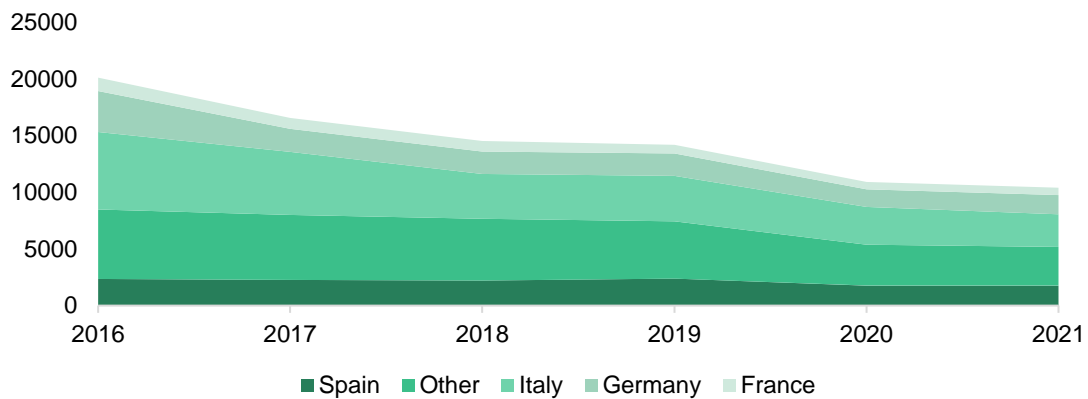
Source: EMCDDA, 2023

Response 1. Opioid agonist treatment

Opioid agonist treatment is a cornerstone of the European approach to opioid dependence, being a vital part of the treatment options available for heroin users (EMCDDA, 2021g). **This treatment has been proven to be instrumental in reducing opioid deaths, mitigating high-risk use and preventing HIV infections among injecting drug users** in Europe.

Graphic 16 presents a historical overview of the use of opioid agonist treatment[20] in European countries from 1967 to 2022. The data provide an overview of how the uptake of these treatments has evolved over the decades in the European region, highlighting significant trends and changes in the implementation of these therapies.

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[20] The term «opioid agonist treatment» is used as a term to cover a range of treatments involving the prescription of opioid agonists to treat opioid dependence (EMCDDA, 2021g).

Graphic 16. Number of European countries using opioid agonist treatment (1967-2022)
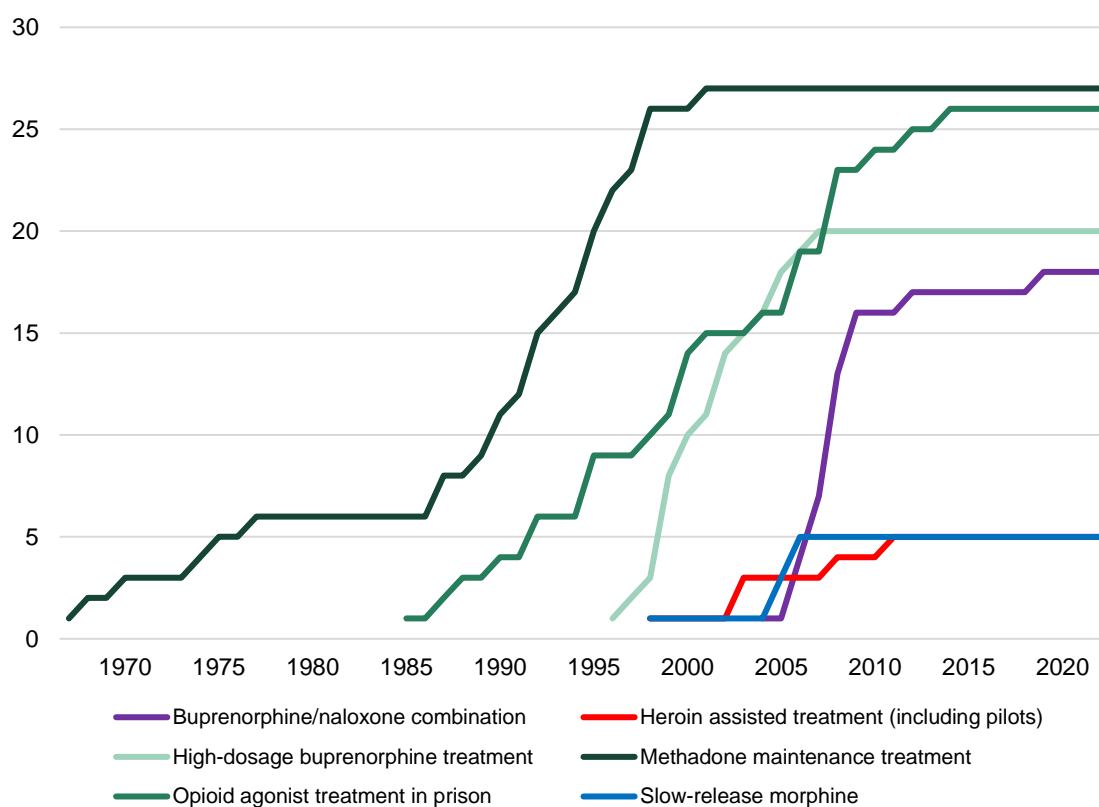
Source: EMCCDA, 2023b

Outcomes and goals of opioid agonist treatment include the following according to the EMCDDA (2021g):

- **REDUCTION AND MANAGEMENT OF DRUG-RELATED PROBLEMS**

  Beyond physical dependence, treatment aims to address problems that may be intrinsically linked to opioid use, such as impaired physical and mental health, as well as adverse social impacts.

- **ABSTINENCE**

  Achieving abstinence, a crucial step in recovery, is one of the desired outcomes of treatment. Overcoming opioid use involves not only the elimination of the substance itself, but also the readaptation of affected brain functions.

- **SOCIAL INCLUSION THROUGH EMPLOYMENT FACILITATION**

  Treatment also aims to provide patients with the necessary tools to reintegrate into society in an active and productive way, encouraging their participation in the workplace and contributing to their social reintegration.

- **GREATER SOCIAL COHESION**

  Recognising that recovery is an interconnected process, opioid agonist treatment is not limited to pharmacological therapy, but encompasses a broader network of health and social services working together to provide comprehensive support.

In the prison context, the EMCDDA (2022b) highlights the relevance of OAT, especially through medications such as methadone or buprenorphine, which have been established as the main therapeutic approaches during the stay in prisons. The following **three significant aspects** in the prison context are recognised and addressed by the EMCDDA (2022b):

- **CONTINUITY OF TREATMENT**

  It is emphasised that «people who have received treatment in the community can continue to be treated in prisons» (EMCDDA, 2022b). This ensures continuity of treatment, effectively addressing opioid dependence.

- **INITIATION AND RESTART IN PRISON**

  It is noted that OAT can be initiated or restarted within prisons.

- **RISK REDUCTION AND COMMUNITY ENGAGEMENT**

  It is highlighted that the provision of OST, such as methadone, during incarceration «reduces the risks of injecting drug use and increases engagement with treatment in the community after release from prison» (EMCDDA, 2022b).

However, it should be noted that the achievement of these outcomes is influenced by individual factors, the quality of treatment and the network of support services, highlighting the importance of holistic approaches to successful recovery. Although pharmacological treatment plays an important role, it does not automatically guarantee all desired outcomes.

Response 2. Therapeutic communities

Therapeutic communities[21] (TCs) are a treatment approach to problematic drug use that is **based on the principle of community as the main catalyst for social and psychological change**.

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[21] Vanderplasschen *et al.,* (2013) highlight the effectiveness of Therapeutic Communities in addiction treatment, focusing on recovery across multiple indicators.

Figure 22. Exemplification of a group intervention in a Therapeutic Community

Source: lasdrogas.info, 2022

In contrast to traditional models, in TCs, both residents and professionals share equally in the responsibility for treatment, fostering a collaborative dynamic where each individual sees themselves as responsible not only for their own recovery, but also for that of their peers (Fiestas and Ponce, 2012).

In a drug treatment therapeutic community, **the safe and structured residential environment plays a key role in the recovery process**. Individuals are able to escape the pressures and triggers of their previous environment, allowing them to focus on their recovery. The EMCDDA (2021g) highlights the following **characteristics of therapeutic communities**:

- **COMMUNITY THERAPEUTIC MODEL**

  Originating in the fields of mental health, self-help, education and social work, it focuses on «community as method», prioritising social relationships and participation in community activities to drive personal change.

- **COMPREHENSIVE APPROACH**

  Therapeutic communities approach addiction as a whole-person phenomenon, not just as a specific disease.

- **PHASES OF THE PROGRAMME**

  The programme usually consists of three phases: induction (1-2 months), main treatment in a residential setting (2-12 months) and re-entry (13-24 months) for social reintegration.

- **BASIC RULES OF COEXISTENCE**

  Communities establish drug-free, alcohol-free, violence-free and sex-free rules among members to create a safe environment.

- **DAILY STRUCTURE**

  The day is divided into three areas: work, therapy sessions and educational or recreational activities.

- **FAMILY PARTICIPATION**

  In some communities, family members participate in activities during all three phases of the programme.

GENERIC INTERVENTIONS TARGETING OPIOID OVERDOSE

To effectively address the phenomenon of opioid-related deaths, it is important to consider the context in which these tragedies are occurring.

> *«Key issues to be addressed when identifying and defining a drug-related problem include who is affected, what types of substances and patterns of use are involved and where the problem occurs»* *EMCDDA (2021c).*

In order for the measures implemented to have a positive impact on the target populations, **it is important to carry out a thorough analysis of the populations most affected, the specific substances involved and the geographical locations where these deaths are most frequent**. Graphic 17 provides a detailed overview of how drug-related deaths were distributed across different age groups in these regions in 2021.

Graphic 17. Age distribution of reported drug-induced deaths in the European Union, Norway and Turkey in 2021 (%)
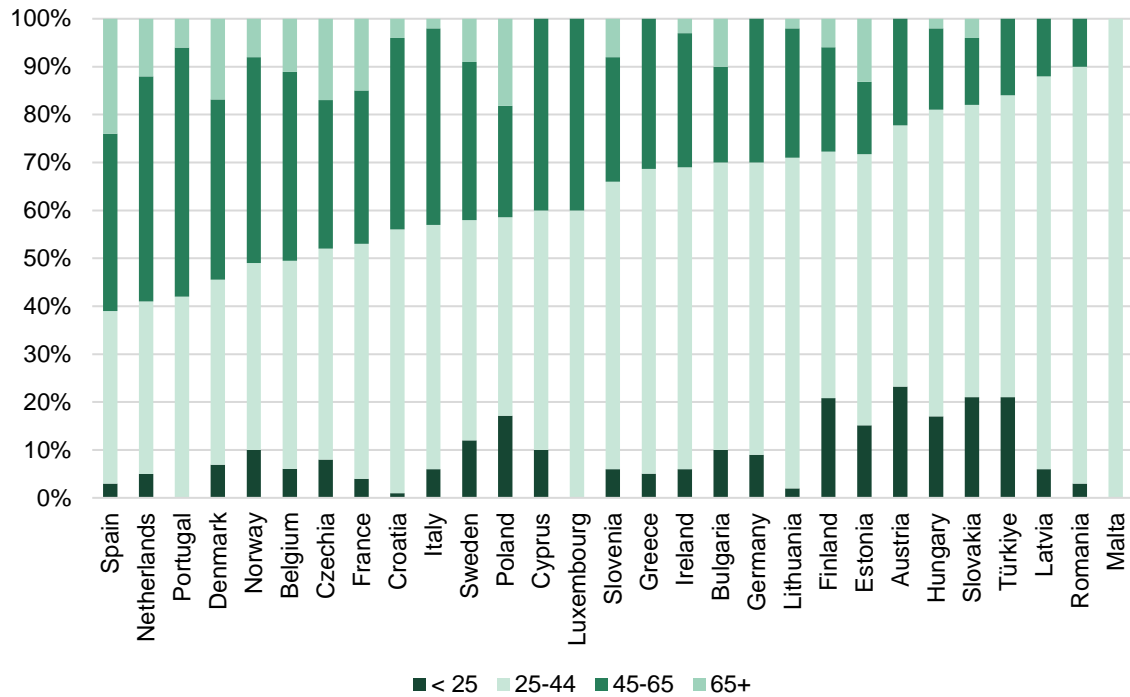
Source: EMCCDA, 2022

Opioid-related deaths have emerged as a worrying public health crisis in recent decades. These painkillers, whether used legally or illegally, have led to significant variations in mortality rates in a number of countries around the world. In the case of the **United States, an exponential increase in opioid-related deaths has been observed, while in countries on the European continent, on the other hand, these rates have remained stable or decreased**, as illustrated in Figures 18 and 19. In European countries as a whole, the overdose mortality rate is close to 15 deaths per million inhabitants, although national rates and trends vary considerably (EMCDDA, 2021c).

Graphic 18. Trend in opioid overdose deaths by primary drug type (considered alone or in combination with other substances), United States, 2010-2020
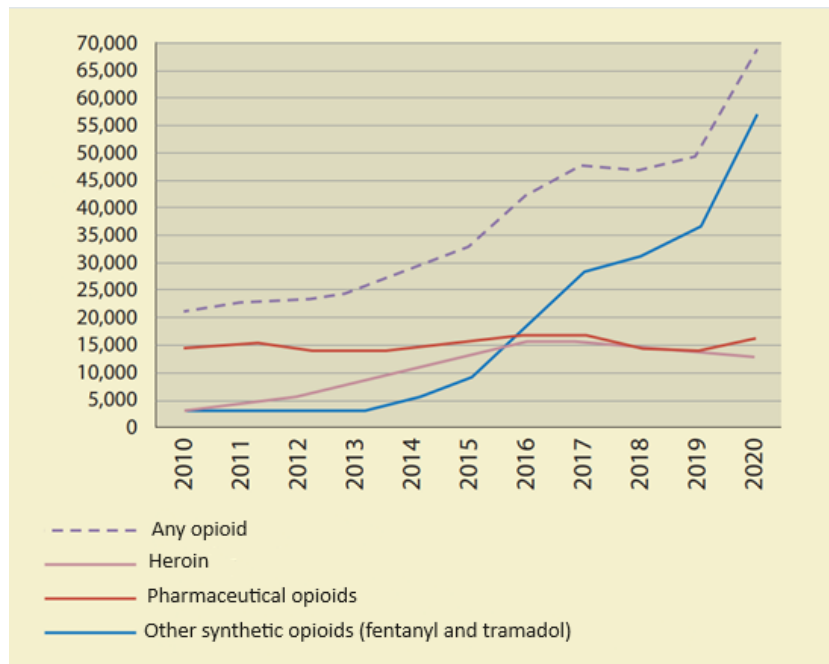
Source: Herrera *et al.,* 2023

Graphic 19. Trend in direct opioid-related deaths in selected European countries, 2015-2020
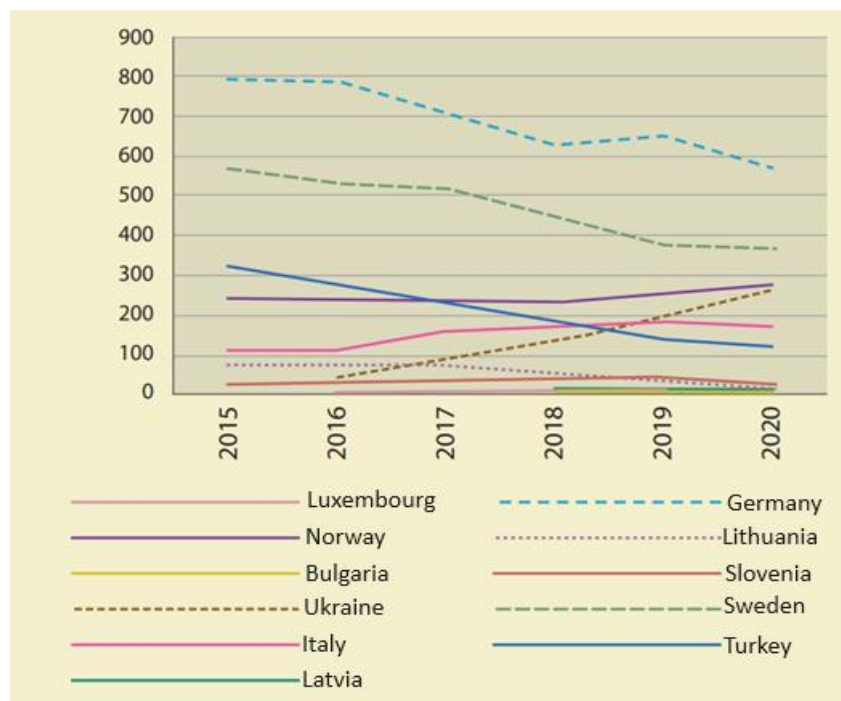
Source: Herrera *et al.,* 2023

The EMCDDA (2021c) highlights that **opioid-related mortality is mainly attributed to overdose, although other factors associated with drug use, «such as infections, accidents,**

violence and suicide», also play a significant role. It is important to address these factors comprehensively and not just focus on overdose in order to reduce the burden of disease and risks associated with opioid use. Graphic 20 and 21 show the number of drug-induced deaths reported in the European Union in 2012 and 2021 in men and women.

Graphic 20. Number of drug-induced deaths reported in the European Union in 2012 and 2021 (females)
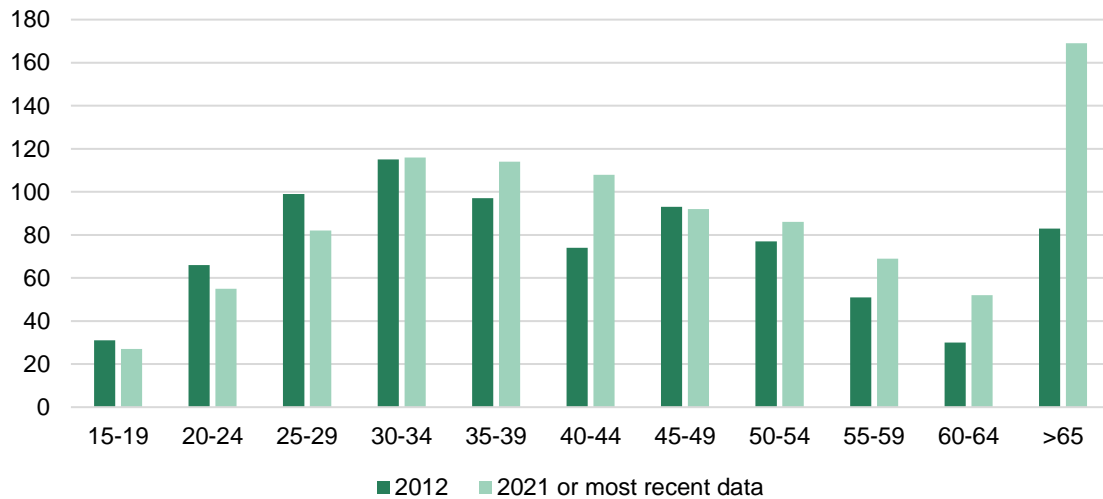
Source: EMCDDA, 2023b

Graphic 21. Number of drug-induced deaths reported in the European Union in 2012 and 2021 (males)
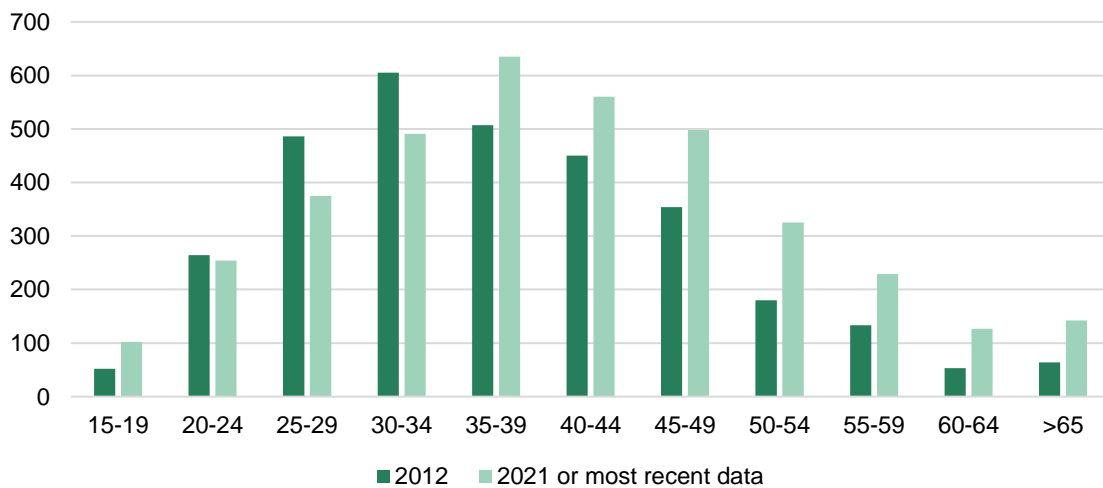
Source: EMCDDA, 2023b

It is important to understand that several factors play a significant role in the risk of overdose due to opioid use. The EMCDDA (2021c) notes that these include «the amount and strength of the substance used, the way it is administered and the health status of the person using it».

The interaction of these factors can lead to a potentially life-threatening situation, and **it is important to address these elements to reduce the risk of overdose and promote the safety of people who use these substances**. Figure 23 shows the proportion of men among drug-induced deaths in the European Union, Norway and Turkey in 2021, or the most recent year.

Figure 23. Proportion of males among drug-induced deaths in the European Union, Norway and Türkiye in 2021, or most recent year (%)
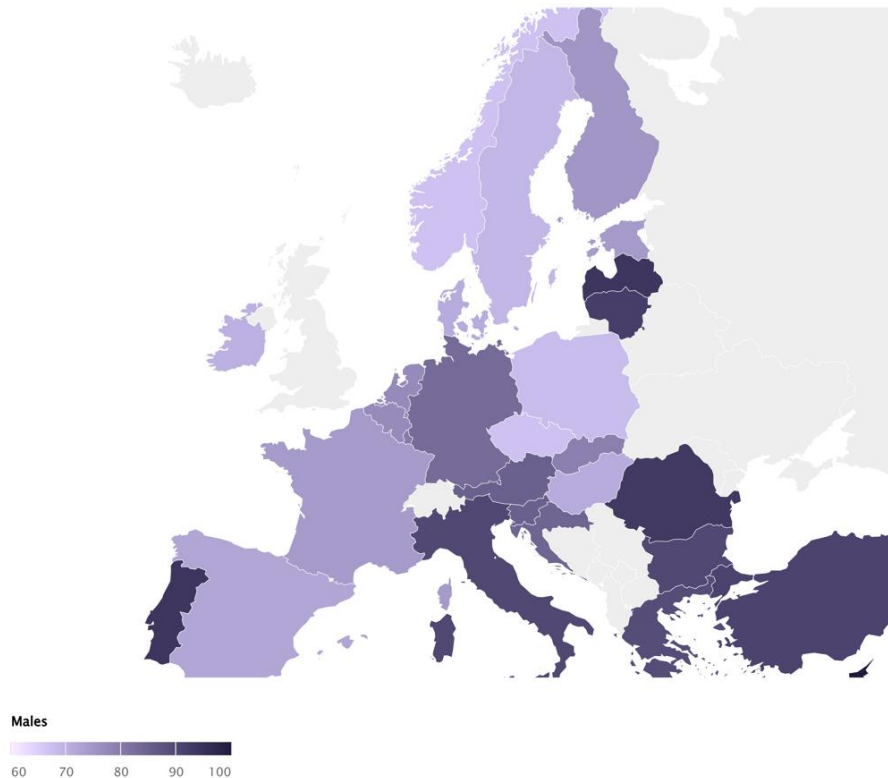
Source: EMCDDA, 2023b

Responding to opioid-related deaths

The crisis of opioid-related deaths represents a significant public health challenge in a number of contexts worldwide. The magnitude of this emergency has prompted the implementation of specific responses designed to address the complex ramifications of this issue. In this context, this section dives into the exploration and evaluation of the response to opioid-related deaths. From prevention strategies to treatment interventions and harm reduction policies, it examines the actions implemented to mitigate the negative impacts of the opioid crisis.

Figure 24 presents the measures recommended by the EMCDDA (2021c) in each of the domains, including reducing fatal overdose outcomes, reducing the risk of overdose occurrence and reducing people's vulnerability to overdose. There are essentially three measures:

1. **Reducing vulnerability to overdose.**
2. **Reducing the risk of overdose.**
3. **Reducing fatal overdoses.**

These measures are important to combat opioid-related deaths and protect the health of affected communities.

Figure 24. Interventions to prevent opioid-related death by intended aim and evidence of benefit
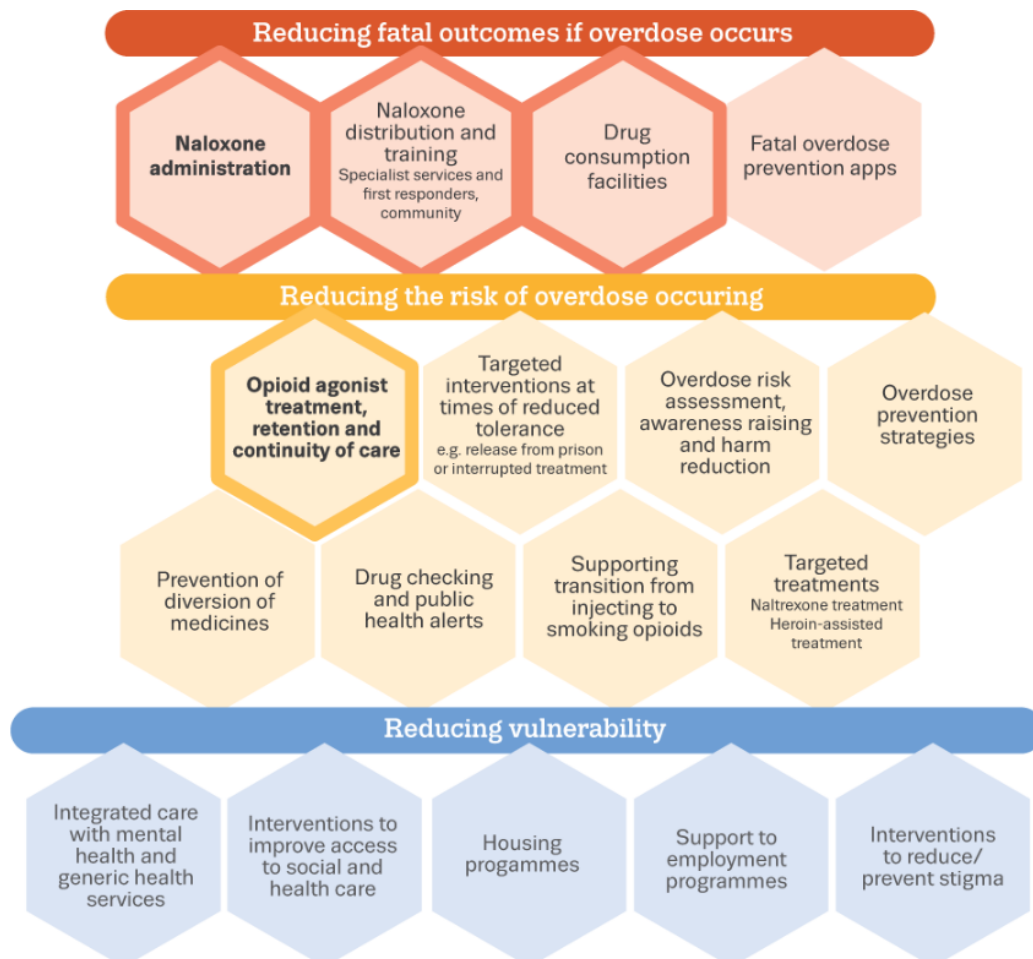
Notes: Interventions where there is evidence of benefit and where we can have a high or reasonable confidence in the available evidence, are highlighted in a bolder frame. Much of the current evidence on interventions listed in this figure is either emerging or deemed insufficient, in part because of the practical and methodological difficulties of conducting research, especially in developing randomised controlled trials (see Spotlight on... Understanding and using evidence) and also because service delivery models often differ considerably.

Source: EMCDDA, 2021c

Response 1. Reducing vulnerability to overdose

Reducing vulnerability to overdose is a significant element in the area of public health and safety of people exposed to risks related to the use of psychoactive substances, particularly opioids. The EMCDDA (2021c) highlights the reduction of morbidity and mortality from overdose as a major challenge in Europe. **Overdoses not only have negative implications for the lives of those who use drugs, but also put significant pressure on health care systems and emergency resources**.

Addressing vulnerability to overdose involves:

- On the one hand, implementation of strategies and policies designed to prevent, detect and respond effectively to risk situations.
- On the other hand, promotion of education, awareness and access to harm reduction measures.

Table 9 explores the key approaches according to the EMCDDA (2021c) to address this challenge and mitigate the negative consequences of overdose for users themselves, as well as for communities and society as a whole.

Table 9. Description of measures to reduce vulnerability to overdose

Measures to reduce vulnerability to overdose
Reducing barriers and promoting participation in drug treatment services.
Facilitated access to harm reduction services.
Development of national and local overdose prevention strategies.
Integrated approach that addresses diverse health and support needs.
Coordination with housing and employment programmes, and actions to combat stigma.
Adequate resourcing and political support for the implementation of services.

Source: EMCDDA, 2021c

Response 2. Reduce the risk of overdoses

The public health challenges posed by substance-related overdoses require a **combination of strategies focused on retaining individuals in appropriate treatment, preventing drug diversion and raising awareness of overdose risks**.

- **RETENTION IN TREATMENT**

  «The risk of opioid-related overdose is reduced while people who use opioids remain on opioid agonists» *(EMCDDA, 2021c).*

  The central idea is to **provide patients in treatment with the necessary tools to stay engaged in their recovery process**, thereby reducing the likelihood of relapse and, consequently, minimising the risk of a life-threatening overdose.

  Table 10 presents a number of key indications according to the EMCDDA (2021c) that can be considered when designing strategies to address this phenomenon.

  Table 10. Points to consider improving retention in treatment and reduce the risk of overdose

Description
Preventive interventions for overdose **should focus on the first four weeks of treatment and the first four weeks after stopping treatment.**
Include **overdose awareness activities in ongoing care plans**, anticipating unplanned exits of clients from treatment.
Proactive and planned referral into **community-based opioid agonist treatment** or other appropriate treatment options **upon release from prison.**
Training of prison staff and the involvement of prisoners using opioids **with local health services in the weeks following their release.**

- **PREVENTION OF DIVERSION OF OPIOID AGONIST MEDICINES**

  The therapeutic use of opioid agonists, such as methadone or buprenorphine, plays an important role in the management of opioid addiction by alleviating withdrawal symptoms and reducing urges to use. However, **to ensure that these treatments are effective and safe, it**

is important to prevent the diversion of these medicines to the illicit market and their misuse **by** unauthorised individuals.

«Medical staff and service planners will need to ensure that prescribing regimens are in place and that appropriate controls are in place to prevent diversion from agonist to non-prescription medicines» (EMCDDA, 2021c).

- TRAINING, DETECTION AND ASSESSMENT OF OVERDOSE RISK

Overdose education, screening and risk assessment not only promote greater awareness of the dangers associated with opioid use, but also **allow for the early identification of individuals at risk and the implementation of appropriate interventions**.

It is important to recognise that overdose prevention, education and counselling interventions should not only take place in medical and primary care settings, but also in harm reduction services (EMCDDA, 2021c). This strategy broadens the scope of interventions, reaching populations that are sometimes at increased risk of overdose due to their ongoing exposure to potentially hazardous substances.

- DRUG CHECKING

«Drug testing services allow people who use drugs to be chemically tested for drugs, providing information on the content of samples, as well as counselling and, where feasible, brief interventions» (EMCDDA, 2021c).

Such information and guidance are key elements in empowering substance users, enabling them to make more informed decisions and reduce the risks associated with overdose. The relevance of drug services as an **innovative component of overdose prevention and reduction strategies** is explored**, highlighting their impact on promoting the safety and health of people who use substances**.

Figure 25. Illustration of the range of drug screening technologies ranked in order of highest accuracy and reliability of results
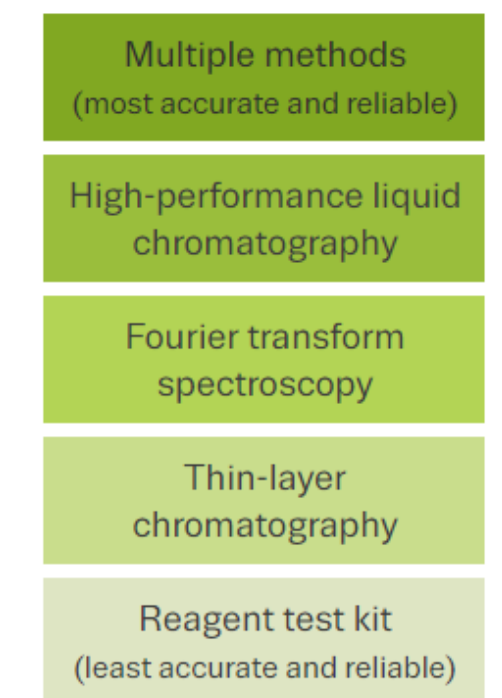
Source: EMCDDA, 2023b

Response 3. Reduce fatal overdoses

- **NALOXONE TO REVERSE OVERDOSE**

With the growing opioid epidemic affecting many parts of the world, including the United States, as illustrated in Graphic 22, **naloxone plays a key role in acting as an antidote that rapidly reverses the effects of opioids in the body.** Naloxone is defined as:

«An antidote to opioids that, if administered in time, completely reverses the effects of an overdose, but has virtually no effect on people who have not taken opioids» (WHO, 2023).

Graphic 22. Evolution of overdose deaths per year in the United States
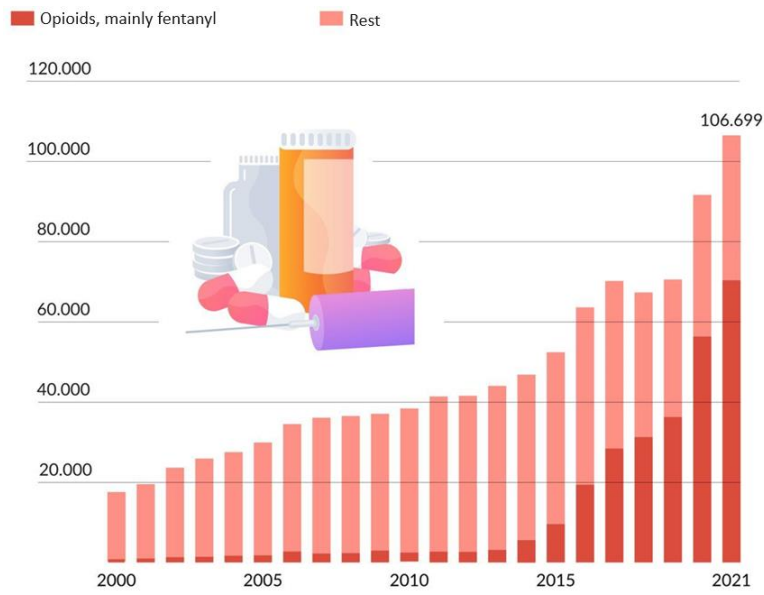
Source: Hernando, 2023

«[These programmes] combine risk education and overdose management with the distribution of naloxone kits to those who may witness an opioid overdose» (EMCDDA, 2021c).

Figure 26 shows the countries that have implemented naloxone distribution programmes for home use.

Figure 26. Availability of take-home naloxone programmes in Europe

Source: EMCDDA, 2021c

Moreover, peer-to-peer naloxone distribution programmes are identified as a **mechanism to expand the coverage of naloxone delivery in order to prevent fatal overdoses in opioid-using individuals**.

«This initiative aims to extend the provision of naloxone to those who tend not to access treatment services» (EMCDDA, 2021c).

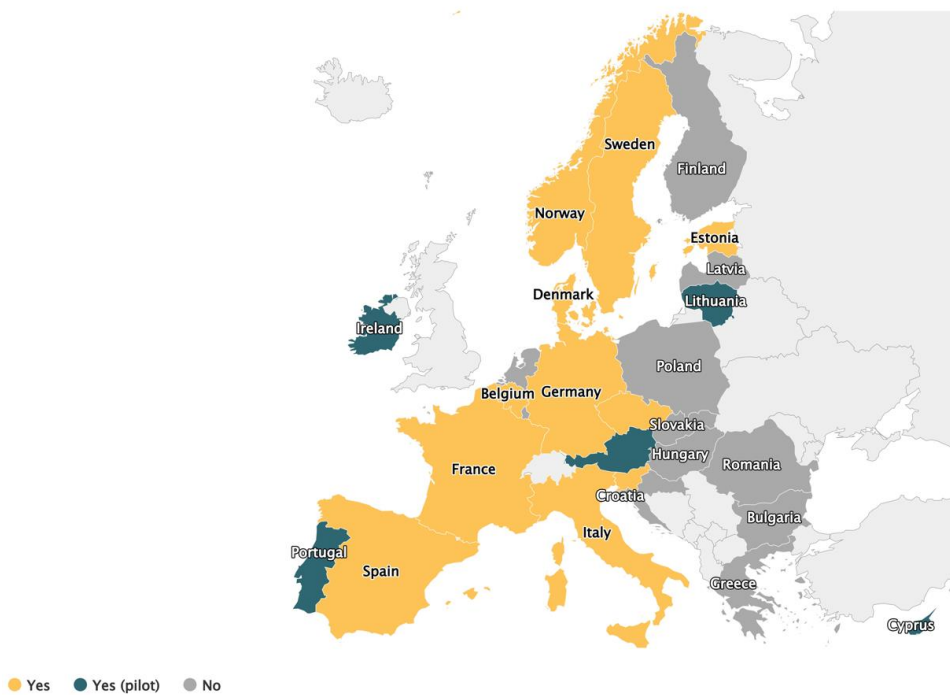Providing naloxone through peer-to-peer programmes addresses this gap in care, allowing those most likely to witness or experience an overdose the ability to intervene effectively and save lives. A meta-analysis of observational studies has provided compelling evidence that **opioid agonist treatment,[22] with either methadone or buprenorphine, plays a significant role in reducing the incidence of overdose** (EMCDDA, 2021c).

- ▪ SUPERVISED DRUG CONSUMPTION ROOMS

  These safe and supervised environments provide a **controlled space where people who use drugs can do so more safely and receive immediate support in the event of an overdose**. The existence of these facilities is based on the recognition that, despite efforts to prevent substance use, many people continue to use, and their well-being must be a priority.

  «Supervised drug consumption rooms are] primarily aimed at reducing the risks associated with unhygienic injecting, preventing overdoses and connecting people who use drugs with treatment, medical care and social services» (EMCDDA, 2021c).

  These facilities play an important role in directly intervening in overdoses that may occur on site, while actively promoting opioid agonist treatment (EMCDDA, 2021c). Not only can these services substantially reduce the risk of fatal overdoses, but they also **promote greater connection to health care systems and the possibility of accessing long-term treatment.** Figure 27 shows the availability of supervised consumption rooms in EU countries.

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[22] For more information see section 4.3.4 on «Heroin and opioids».

Figure 27. Drug consumption facilities in Europe
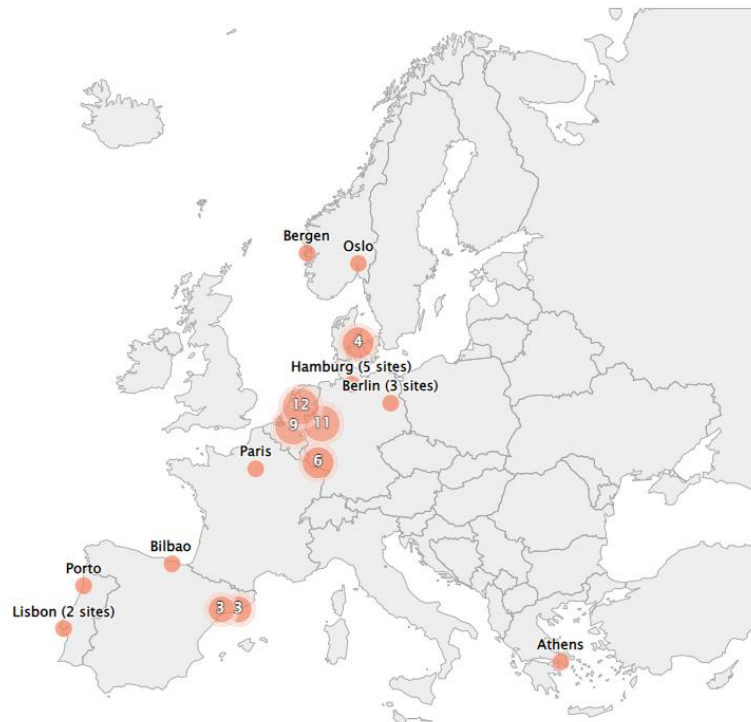
Source: EMCDDA, 2021c

- ▪ E-HEALTH APPLICATIONS

To address the prevention of fatal overdoses associated with opioid use, a **pioneering strategy** has emerged through the implementation of e-health applications.

«[These applications are intended] to help reduce the risk of overdose deaths, especially when people inject opioids» (EMCDDA, 2021c).

This innovative approach harnesses technology to provide resources and support to people at risk, which can not only save lives, but also transform the way we approach overdose prevention in the digital age.

4.3.5 Cannabis

«Marijuana is a substance prepared from the leaves and flowers of cannabis sativa, an indica variety, which is smoked mixed with tobacco and produces effects similar to those of hashish. It has a lower concentration of active ingredients than the latter and occupies the same place as the latter in the various classifications» (Molina, 2008, p. 96).

About 16 million young Europeans (aged 15-34), equivalent to 15 % of this age group, used cannabis in 2020, rising to 20 % in the 15-24 age group. Although rates of use vary considerably between countries, prevalence among young adults typically ranges from 3 % to around 22 % (EMCDDA, 2021h). Figure 28 shows the lifetime prevalence of cannabis use among adults (15-64 years) in the EU Member States.

Figure 28. Lifetime prevalence of cannabis use in Europe among adults (15-64 years old), 2020 or latest data
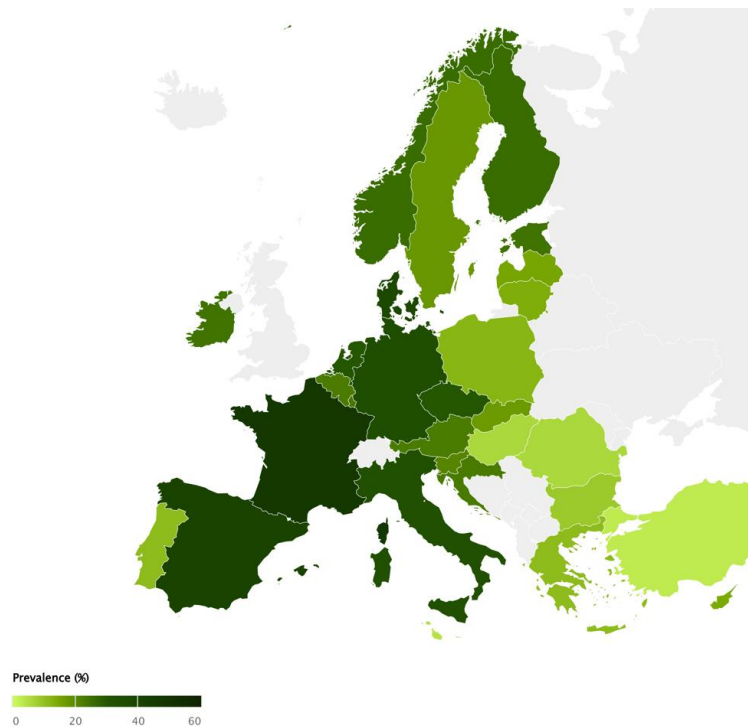
Source: EMCDDA, 2023b

Graphic 23 provides an exploration of the frequency of cannabis use in the past 30 days among 15–34-year-olds, which sheds light on contemporary patterns of use in this demographic. This indicator provides a key insight into the dynamics of use in this age group, allowing for a more complete understanding of the trends and challenges associated with cannabis use among youth.

Graphic 23. Frequency of cannabis use in the last 30 days (%) among young people (15-34 years) in the EU-27, Norway and Turkey
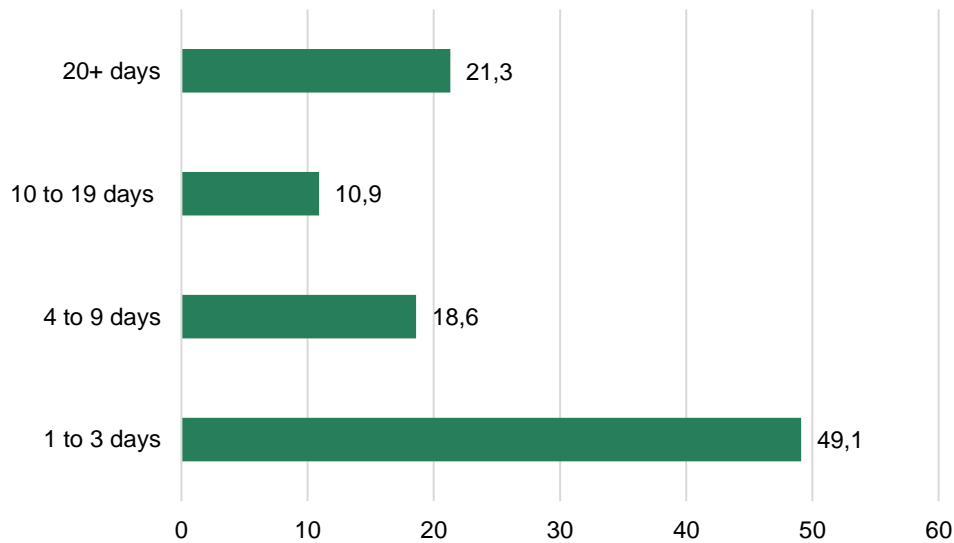
Source: EMCCDA, 2021h

PREVENTION

Responses vary across societies and legal contexts, but the conversation around cannabis illustrates how **perceptions and approaches to psychoactive substances are constantly evolving at the intersection of health, politics and culture**.

The EMCDDA (2021h) proposes the following **preventive measures in response to issues related to cannabis use**.

- PREVENTION PROGRAMMES IN SCHOOLS

  Developing social competences and refusal skills, improving decision-making and responsiveness, raising awareness of social influences on drug use, correcting misperceptions about the prevalence of drug use among peers.

- FOCUS ON DEVELOPMENT AND MULTIPLE DOMAINS

  Design prevention programmes that are applicable in a variety of contexts, such as school, family and community.

- SHORT INTERVENTIONS

Use time-limited interventions to reduce the intensity of drug use and prevent problem drug use that are applicable in a variety of situations, such as medical consultations, counselling and treatment programmes.

DAMAGE REDUCTION

In the context of harm reduction in the use of psychoactive substances, such as cannabis, various strategies have been formulated with the aim of accurately addressing the challenges and risks inherent in the use of these substances. **These strategies focus on minimising the adverse effects associated with cannabis use and promoting safer and more responsible use**. The measures according to the EMCDDA (2021h) in this area are specified below:

- **AVOIDING PROBLEMATIC CONSUMPTION PATTERNS**

  Adopt strategies to reduce the frequency and intensity of cannabis use, avoiding excessive patterns that could increase health risks.

- **LIMITING CONSUMPTION**

  Promote moderation in cannabis use by encouraging abstinence intervals and periods of non-use, thereby reducing the potential impact on health.

- **RAISING AWARENESS OF THE NEGATIVE EFFECTS**

  To inform users about the risks and adverse effects of cannabis use, helping them to make more informed and responsible decisions.

- **ADDRESSING CANNABIS USE WITH TOBACCO**

  Discourage the combination of cannabis and tobacco, offering alternatives of administration that do not involve smoke inhalation and thus reducing the harms associated with the inhalation of toxic substances.

TREATMENT

Treatment in relation to cannabis use represents an important area in the management of public health and wellbeing for those experiencing problems related to its use. **As attitudes towards cannabis and its legalisation evolve in different contexts, access to effective treatment programmes and approaches has become more relevant than ever.**

Graphic 24 presents an overview of the employment status of individuals seeking treatment for cannabis use in this region. This analysis sheds light on the relationship between cannabis

use and employment, identifying possible trends that may have significant implications in terms of prevention and rehabilitation policies in the context of the EU-27, Norway and Turkey.

Graphic 24. Employment status of clients entering cannabis treatment in the EU-27, Norway and Turkey

Legend:
- Occasionally employed
- On social welfare
- Other
- Regularly employed
- Student
- Unemployed
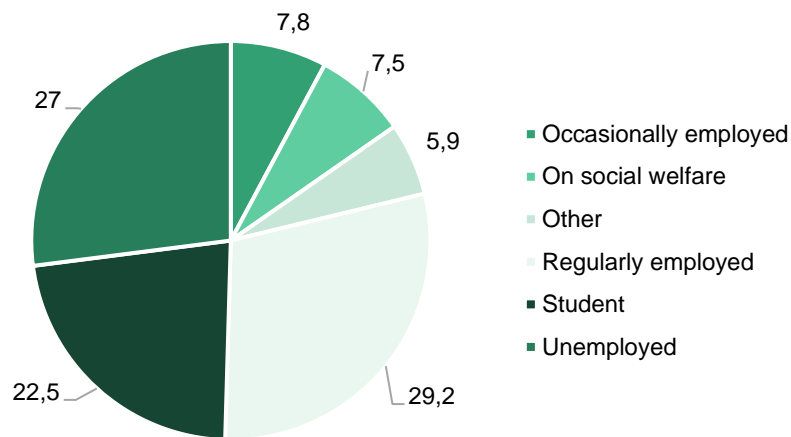
Source: EMCCDA, 2022h

The EMCDDA (2021h) provides valuable guidance by highlighting **effective strategies in the treatment of problems associated with cannabis use**.

- **MULTIDIMENSIONAL FAMILY THERAPY FOR ADOLESCENTS**

    This comprehensive, family-centred approach works with the adolescent, their family and community to improve coping, problem-solving and decision-making skills, thus seeking to improve the overall functioning of the family (EMCDDA, 2021h).

- **COGNITIVE BEHAVIOURAL THERAPY (CBT)**

    It stands out as a valuable tool not only in the treatment of cannabis use, but also in a variety of contexts related to problematic drug use. This therapeutic approach has been shown to be effective in the treatment of people in prison settings, as well as in the management of substances such as amphetamines and methamphetamines, opioids such as heroin, cocaine and non-medical use of medications. CBT focuses on identifying and modifying patterns of thinking and behaviour associated with the use of these substances. Through learning coping skills and transforming negative beliefs, individuals can develop healthier strategies to deal with the triggers that lead to use and, at the same time, prevent relapse. The versatility of CBT makes it a highly adaptable therapeutic approach to a variety of situations, allowing health

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professionals to provide comprehensive and effective treatment to individuals with different types of substance use problems.

- **CONTINGENCY MANAGEMENT**

It is based on the recognition of positive behaviours and the promotion of abstinence not only in the context of cannabis use, but also in specific situations such as the treatment of people with drug problems in prison settings and in the management of opioid and stimulant use. Through the use of incentives and rewards, healthy behaviours are strengthened, and problematic patterns of use are discouraged, thus contributing to improving the health and well-being of people in these circumstances. This strategy, widely supported by evidence, has been shown to be effective in a variety of settings and is flexibly tailored to the specific needs of each population.

- **MOTIVATIONAL INTERVIEWS**

They stand out as a valuable therapeutic strategy not only in the treatment of cannabis use, but also in various contexts related to problematic use of different substances. This approach has been shown to be effective in the treatment of people in prison settings, as well as in the management of substances such as amphetamines and methamphetamines, opioids such as heroin, and cocaine. They focus on nurturing intrinsic motivation for change, working closely with individuals to explore their ambivalence towards using these substances. Therapists play a key role in helping participants develop the readiness and confidence to make positive changes in their lives. This therapeutic approach is tailored to the specific needs of each individual, recognising the importance of authenticity and personal will in the process of change.

Graphic 25. Trends in first-time entrants in treatment with cannabis as primary drug, 2016-2021
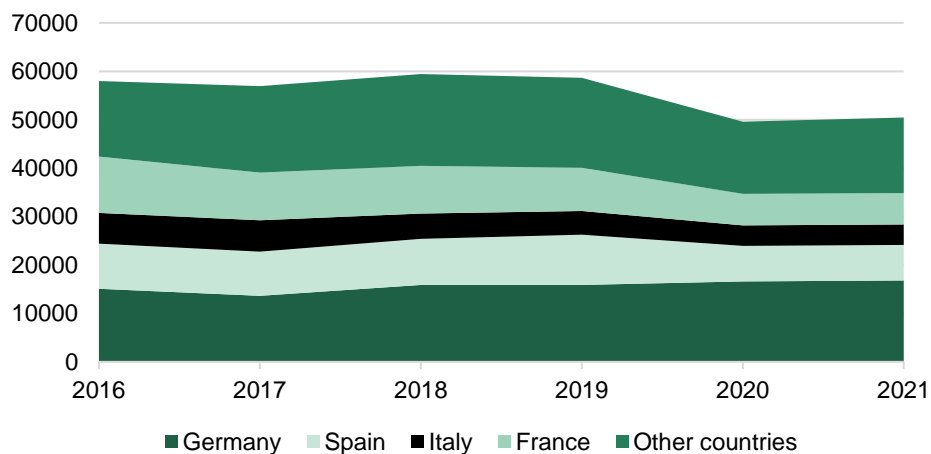
Source: EMCDDA, 2023b

4.3.6 Cocaine

Cocaine, a highly addictive stimulant that directly affects the brain, was known as the dominant drug in the 1980s and 1990s due to its great popularity. Although linked to that period, cocaine is not a new substance; coca leaves, from which it is extracted, have been consumed for thousands of years. Cocaine hydrochloride, its pure form, has been used for over a century. In the past, it was the main component of many tonics and elixirs for the treatment of various diseases in the early 20th century (NIH, 2016).

Cocaine, the most prevalent illicit stimulant in Europe, has seen an increase in use in recent years. Among users, **a distinction is observed between those who snort cocaine powder and tend to be more socially integrated, and more marginalised groups who tend to resort to methods of use such as injecting, crack (cocaine base) or combined use with opioids** (EMCDDA, 2021e).

Figure 29. Lifetime prevalence of cocaine use in Europe among adults (15-64 years old)
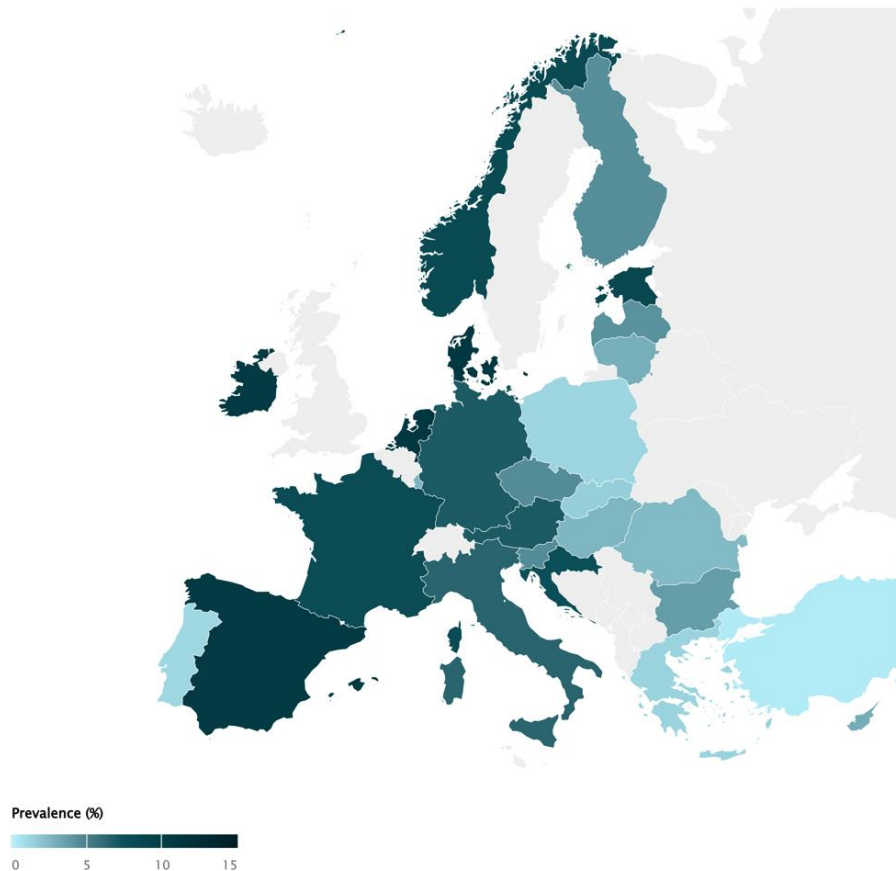
Source: EMCDDA, 2023b

Psychosocial interventions are effective in addressing cocaine use (EMCDDA, 2021e). These interventions represent structured therapeutic processes that address both psychological and social aspects of the patient's behaviour. According to the EMCDDA (2021e) **the interventions that have been used are contingency management[23], cognitive behavioural therapy and motivational interviewing**. Graphic 26 shows trends in first-time treatment entrants with cocaine as a primary drug in selected EU Member States between 2016 and 2021.

Graphic 26. Trends in first-time treatment entrants with cocaine as a primary drug in Germany, Spain, Italy, France and other selected countries (2016-2021)
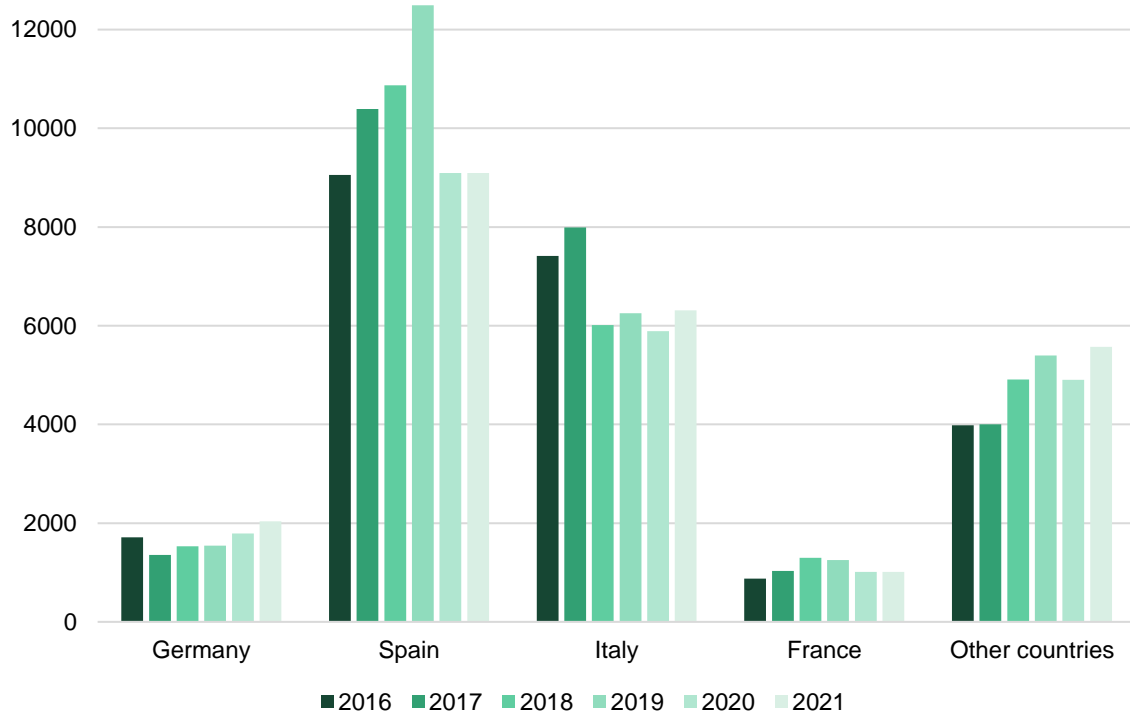
Source: EMCCDA, 2023b

4.3.7   Alcohol

In chemical terminology, alcohols are a broad group of organic compounds derived from hydrocarbons containing one or more hydroxyl groups. Ethanol is one of the compounds in this group and is the main psychoactive component of alcoholic beverages (WHO, 1994).

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[23] For more information on contingency management, cognitive behavioural therapy and motivational interviewing see section 4.3.5 on «Cannabis».

«Alcohol consumption is influenced by a variety of factors, including gender, age, health status, a country's economic wealth, lifestyle choices, religion and cultural norms» (WHO, 2008, p. 38).

Figure 30 presents the analysis of overall alcohol per capita consumption (APC) in 2016, measured in litres of pure alcohol for the population aged 15 years and older.

Figure 30. Total alcohol per capita consumption (APC) (15+ years; in litres of pure alcohol), 2016
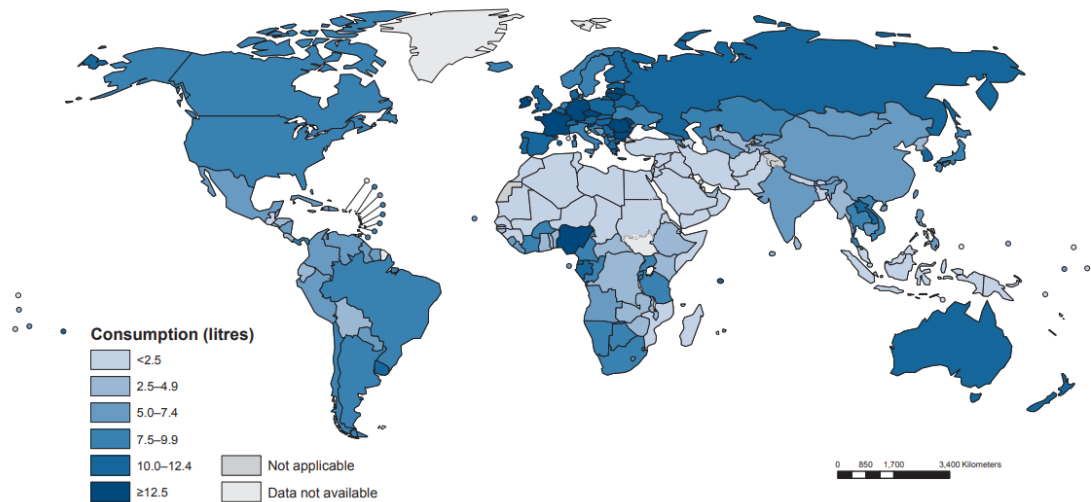
Source: WHO, 2018

Health and social responses to alcohol consumption have evolved in line with the changing understanding of its effects and risks. Governments, health organisations and communities have developed a wide range of policies and strategies to address both the health and social aspects of alcohol consumption. Figure 31 shows the prevalence of episodic heavy episodic drinking among current drinkers aged 15 years and older in 2016.

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Figure 31. Prevalence (in %) of heavy episodic drinking (HED) among current drinkers (15+ years), 2016
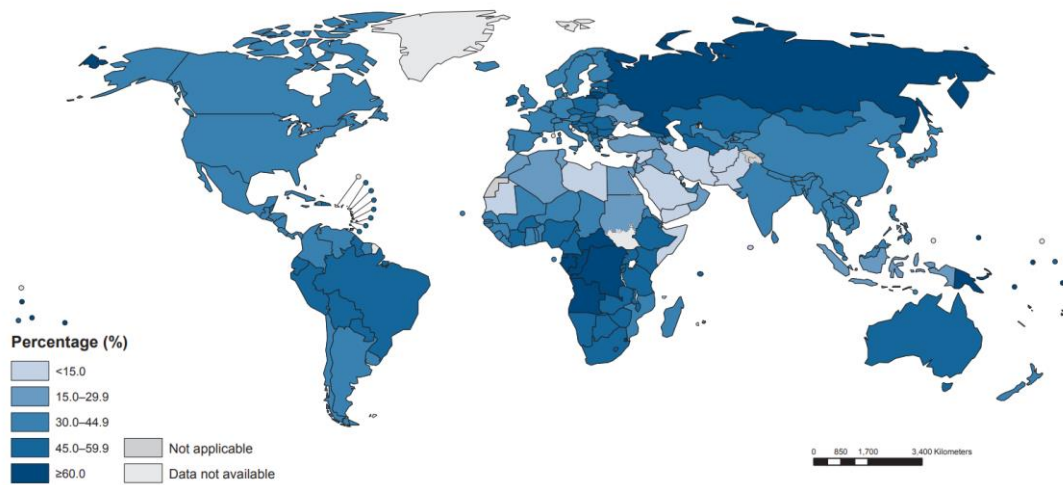
Source: WHO, 2018

The Centre for Disease Control and Prevention (CDC, 2023) presents a **set of measures** proposed by the Community Preventive Services working group. These measures are based on systematic reviews of their effectiveness in reducing binge drinking and related harms, including deaths attributable to binge drinking.

- RAISE TAXES ON ALCOHOL

  This measure seeks to increase taxes on alcohol as a strategy to discourage consumption and reduce alcohol-related harm.

- REGULATING THE DENSITY OF ALCOHOL OUTLETS

  It involves establishing regulations that control the number of alcohol outlets in a given area.

- LIQUOR LAWS AND LIABILITY OF ESTABLISHMENTS SELLING ALCOHOLIC BEVERAGES

  Refers to the implementation of laws that hold alcohol outlets responsible for serving intoxicated or underage persons.

- MAINTAINING OR LIMITING DAYS OR HOURS OF SALE

  This measure consists of regulating the times and days when alcohol sales are allowed, which can help to reduce consumption during certain hours or days of the week.

- IMPROVE ENFORCEMENT OF LAWS PROHIBITING THE SALE OF ALCOHOL TO MINORS.

  It focuses on strengthening the enforcement of laws prohibiting the sale of alcohol to minors.

- **ALCOHOL USE ASSESSMENT AND BRIEF INTERVENTION IN CLINICAL SETTINGS**

  It involves the identification of people with alcohol use problems in clinical settings and the implementation of brief interventions to address these problems.

- **ASSESSMENT OF ALCOHOL CONSUMPTION THROUGH ELECTRONIC DEVICES**

  This measure uses technology such as electronic devices to assess alcohol consumption, which can help in the early detection of problems and the implementation of appropriate interventions.

4.4   Infectious diseases

Substance abuse and addictions are public health problems that have had negative effects worldwide. One of the most worrying aspects of this phenomenon, which can affect different groups, in different contexts and in the use of different substances, is the **spread of infectious diseases, often associated with injecting drug use, such as hepatitis C and HIV.**

4.4.1 Drug-related infectious diseases

In the context of drug-related infectious diseases, a major concern in some EU countries is injecting drug use as a mode of HIV transmission (EMCDDA, 2021b). This phenomenon is particularly relevant in certain populations of drug users, where **needle and syringe sharing has become a significant risk factor for the spread of HIV.**

> *«It is estimated that 75-80% of infected people go on to develop chronic disease, which can lead to severe liver disease, such as cirrhosis and cancer, which can result in death» (EMCDDA, 2021j).*

In addition to HIV, hepatitis C virus (HCV) infection also represents a **health challenge for both drug users and public health**. Hepatitis B virus (HBV) infection is less common among injecting drug users in countries where national immunisation programmes have been implemented (EMCDDA, 2021b).

The public health objectives, as highlighted in the EMCDDA (2021b), focus on two main pillars:

- On the one hand, the aim is to reduce the transmission of infectious diseases acquired through the exchange of contaminated syringes, needles and other injection and inhalation equipment.

- On the other hand, the aim is to improve the health of people suffering from the disease, which entails the provision of comprehensive medical care, psychological support and access to effective treatments.

Graphic 27 shows drug-related HIV trends in the EU and selected countries, revealing remarkable variability in case incidence over the years and between nations.

Graphic 27. Trends in drug-related HIV: EU and selected countries, cases per million population
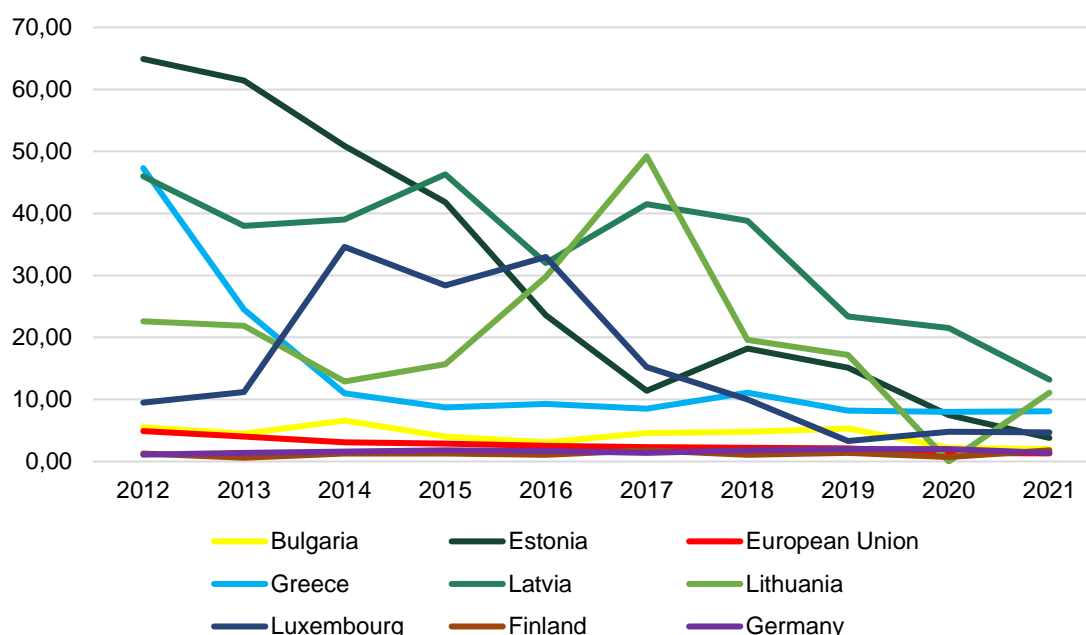
Source: EMCDDA, 2021b

4.4.2 Responses to infectious diseases

Responses to drug-related infectious diseases represent a major global public health challenge. Prevention and treatment of these diseases require comprehensive approaches that address both transmission and care of those infected. Throughout this section, strategies and measures to reduce the spread of these infectious diseases and improve the quality of life of those who suffer from them provided by the EMCDDA (2021b) are explored.

Figure 32. National plans and/or treatment guidelines referencing interventions for hepatitis C virus in people who inject drugs

Legend:
- Does not reference interventions for PWID
- Not accessed
- References interventions for PWID
- Data not available
- Not applicable
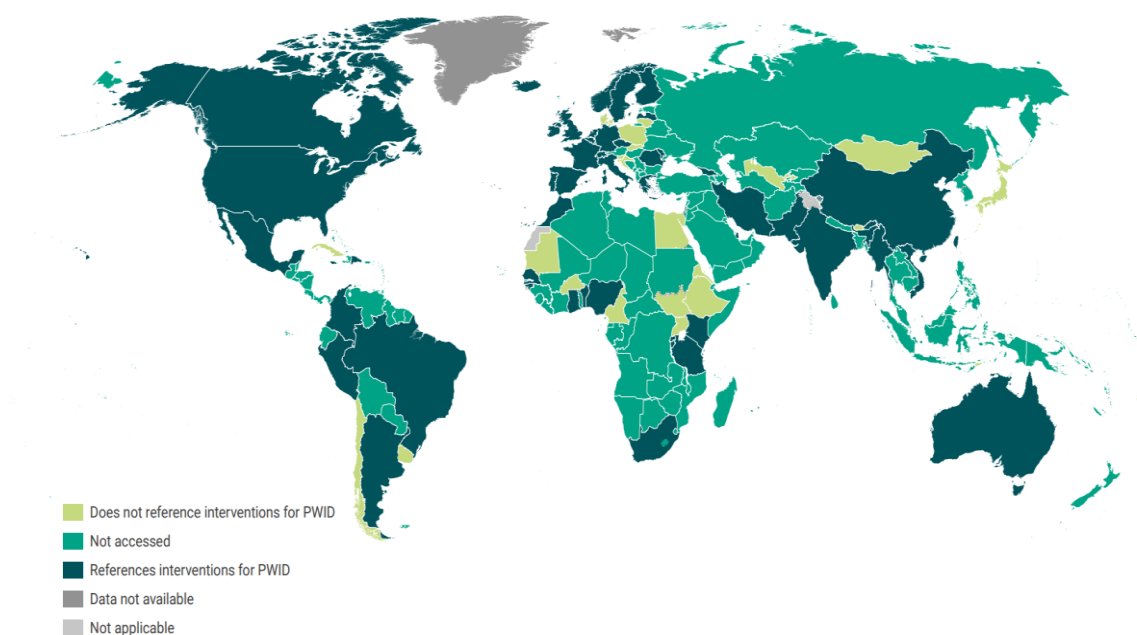
Source: WHO, 2020

Response 1. Reduced susceptibility to infection

Reducing susceptibility to infection is a component to be considered in infectious disease control strategies.

> *«[This approach] aims to reduce the vulnerability of high-risk drug users, in particular by removing barriers to services and making them more accessible, as well as empowering people to take fewer risks» (EMCDDA, 2021b).*

The EMCDDA (2021b) offers a number of strategies that may be beneficial in reducing susceptibility to infection with diseases such as HIV and HCV. The following are the measures proposed by the EMCDDA.

- **PROMOTING QUALITY OF CARE AND TREATMENT**

  It involves the implementation of programmes backed by sound scientific evidence. This ensures that people receive the best care and treatment available.

- **HARM REDUCTION INTERVENTIONS**

  [For more information see section 4.3 on «Drug-related harm»].

- **DEVELOPMENT OF LONG-TERM NATIONAL PREVENTION POLICIES**

The aim is to develop national drug prevention policies backed by a long-term commitment from policy makers. This must be accompanied by sustained funding for treatment services to ensure the effectiveness of preventive measures.

- **STAKEHOLDER COLLABORATION IN HEALTH SERVICES**

Strengthening collaboration between different stakeholders in the delivery of integrated health services is important. This ensures that people receive comprehensive and coordinated care, addressing their needs efficiently.

Response 2. Infection prevention and transmission risk reduction

This response takes the form of two specific services. Firstly, integrated infectious disease services for people who inject drugs, and secondly, the provision of needles and syringes and other harm reduction equipment. These are described below.

- **INTEGRATED INFECTIOUS DISEASE SERVICES FOR PEOPLE WHO INJECT DRUGS**

Coordinated multi-component programmes play a central role in this approach.

«Such programmes should also be tailored to the needs of different groups of people, who may have different patterns of injecting drug use» (EMCDDA, 2021b).

Linking drug dependence and sexual health services is an essential component of integrated care, as it «may be particularly important in responding effectively to the spread of infections related to stimulant and other injecting drug use among men who have sex with men» (EMCDDA, 2021b).

Expanding the provision of integrated services in prisons is important; however, addressing the challenge of infectious diseases in this setting comes with a number of significant complications, including the financial burden involved, the need to establish collaborations with infectious disease and addiction experts, as well as the structural barriers embedded in the prison system (EMCDDA, 2021b).

- **SUPPLY OF NEEDLES AND SYRINGES AND OTHER HARM REDUCTION EQUIPMENT**

In the context of drug-related infectious diseases, **needle and syringe sharing is a significant risk factor for the transmission of infectious diseases, such as HIV and HCV** (EMCDDA, 2021b). This practice, common among injecting drug users, significantly increases the risk of

infection. Effective interventions such as needle and syringe exchange programmes are emerging to address this issue:

«Are intended to provide sterile syringes and hypodermic needles and other injection equipment as a measure to prevent the risk of infection» (EMCDDA, 2021b).

Graphic 28. Number of sterile syringes distributed per person who injects drugs per year, 2021 or latest data
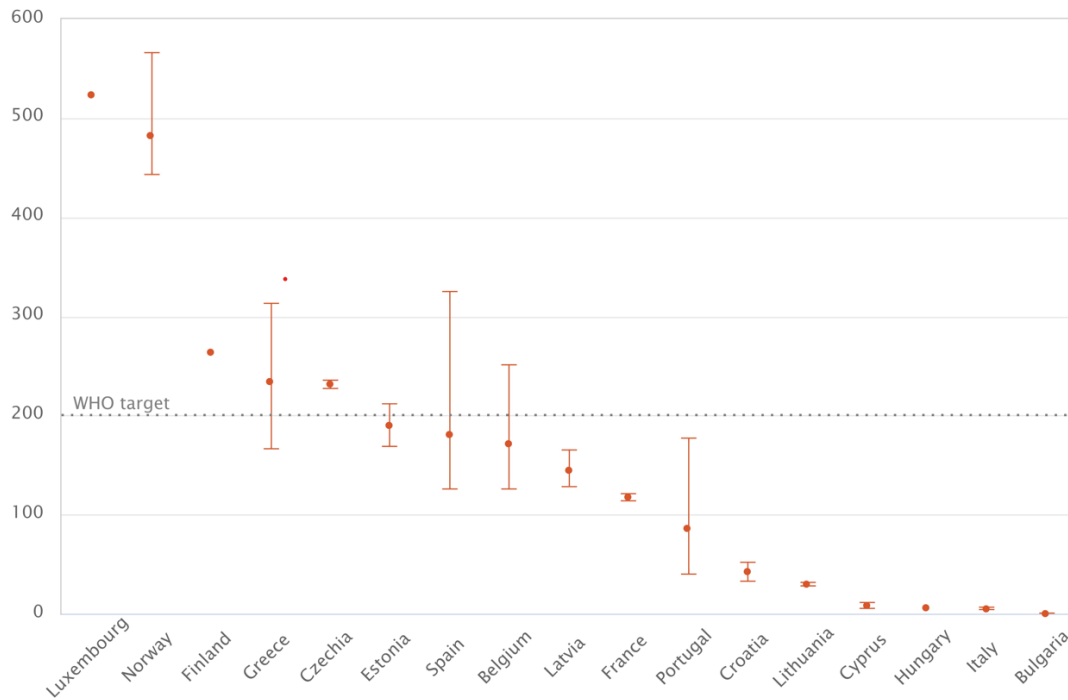
Source: EMCDDA, 2023

«[Needle and syringe exchange programmes have been shown] to be effective in preventing HCV and HIV and reducing injecting risk behaviour among people who inject drugs» (EMCDDA, 2021b).

In addition, these programmes can be a gateway to other health care services, such as screening and referral to addiction treatment. It is important to understand that prevention of infectious diseases related to drug injection encompasses a broader range of strategies beyond needle and syringe exchange programmes. While these programmes are an effective and widely recognised tool, the provision of other types of equipment, such as sterile cotton filters and alcohol for skin cleansing, «can reduce risky injecting behaviours» (EMCDDA, 2021b). **Diversification of available supplies not only provides injecting drug users with safer options, but also encourages the adoption of responsible behaviours, which in turn reduces the risk of infectious disease transmission.**

Figure 33. Availability of needle and syringe programmes in Europe at the regional level, 2021 or latest data

Not available | Available | No information

Data are at NUTS levels 2 or 3. For information on NUTS (nomenclature of territorial units for statistics) visit the Eurostat website. The lack of data at NUTS levels 2 or 3 does not mean that the intervention is not available within a country.
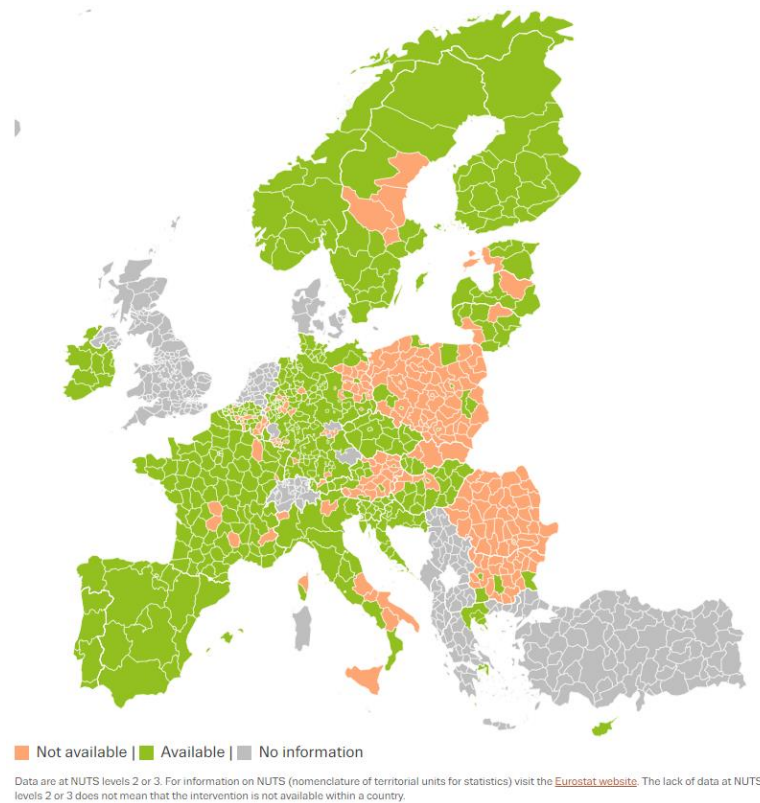
Source: EMCDDA, 2023

Response 3. HIV and viral hepatitis testing and treatment

Response 3 focuses specifically on the provision of HIV and viral hepatitis testing and treatment, recognising the importance of these interventions in the prevention and management of communicable diseases. This section explores the strategies and policies in place to facilitate access to testing, as well as to provide effective and accessible treatment for those affected by HIV and viral hepatitis in the context of drug use.

HIV, HCV and HBV: Testing and Treatment

Testing sites are important to ensure wide and convenient access to testing for these diseases.

> *«[These may include] specialised health facilities, such as STI centres and sexual health clinics, antenatal services and infectious disease units» (EMCDDA, 2021b).*

By providing easy access to testing in a variety of locations, it can make it easier for people to get screened, which is important for early diagnosis and to prevent the spread of HIV, HCV and HBV.

Fourth-generation serological tests represent an advanced tool for HIV detection in most settings (EMCDDA, 2021b). These tests can detect both the presence of antibodies, providing earlier and more accurate diagnosis. Early detection is important to rapidly initiate antiretroviral therapy and reduce the viral load in the body, which in turn improves the quality of life and increases the life expectancy of those affected.

Figure 34. Coverage of HIV and HCV testing in prison in the EU Member States and the United Kingdom, 2016-2017
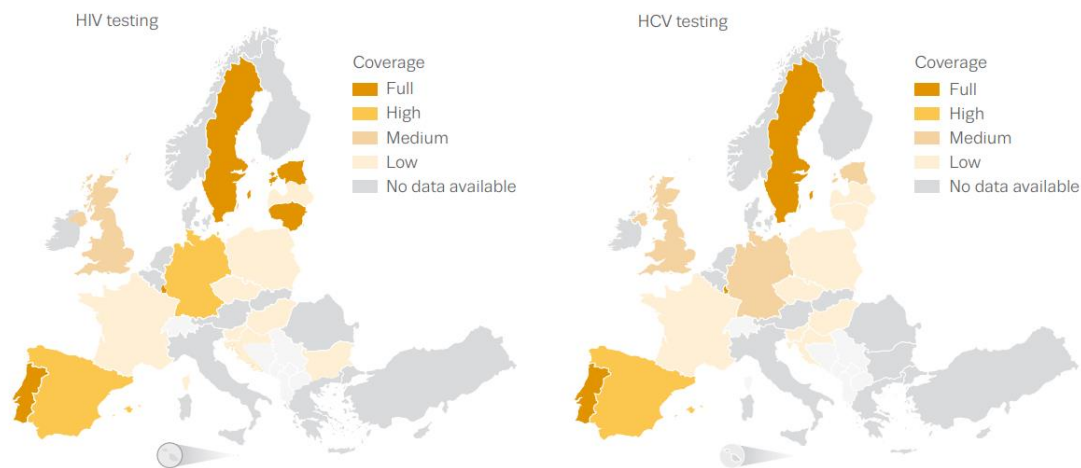
Source: EMCDDA, 2022i

Figure 35. Coverage of HIV and HCV treatment in prison in some EU Member States and the United Kingdom, 2016-2017
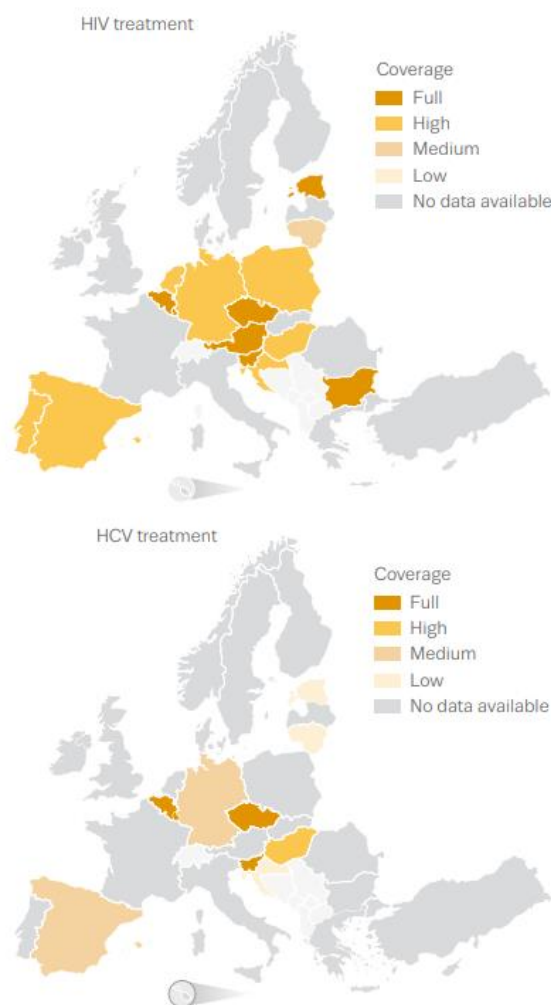
Source: EMCDDA, 2022i

Response 4. Good practices for controlling infectious diseases among people who inject drugs

In the ongoing quest to mitigate the spread of infectious diseases among people who inject drugs, a number of «good practices» provided by the EMCDDA (2021b) have been identified. These practices encompass a set of **approaches that address both the prevention and treatment of infections, prioritising the health and well-being of this vulnerable population**. For a detailed understanding of these good practices, they are presented below in Table 11, following the guidelines provided by the EMCDDA (2021b).

Table 11. Good practice in controlling infectious diseases among people who inject drugs

Good practice	Description
Injection equipment	Provide needles, syringes and sterile equipment free of charge, ensuring legal access and part of a comprehensive strategy.
Vaccination	Carry out immunisation against hepatitis A and B, tetanus and influenza, and pneumococcal vaccination for HIV-positive people.
Drug dependence treatment	Offer opioid agonist therapy and other effective options to address drug addiction.
Analysis	Conduct confidential and voluntary testing for HIV, HCV and other infections, with referral for treatment when necessary.
Treatment of infectious diseases	Provide antiviral treatment to those infected with HIV, HBV or HCV, as well as treatment and prophylaxis for tuberculosis.
Health promotion	Promote safe injecting behaviours, sexual health with condom use, and disease prevention and treatment.

5. Possible next steps for the Central Asia region

The next steps, detailed below, are derived from a thorough analysis of the key issues identified in the previous phases of CADAP 7 Outcome 1. These recommendations have been developed with the aim of addressing both common and specific challenges faced by countries in the region. They are presented as a set of strategic measures aimed at fostering sustainable development in Central Asia. In this context, the following steps are outlined as applicable and beneficial for all countries in the region, thus providing a comprehensive framework for addressing the challenges and moving towards stronger and more equitable development in the area.

- **CRAFTING DISTINCT RESPONSES TO THE TWO OBSERVED PATTERNS OF DRUG USE IN THE CENTRAL ASIAN REGION**

  The traditional escape-focused model and the emerging recreational model will coexist simultaneously across various countries in the region, each revealing distinct population profiles and social manifestations. It becomes important, therefore, to tailor responses uniquely for each model. Traditional opiate and opium-based consumption calls for initiatives centred on health promotion, harm reduction, and improved access to medical services. Conversely, in dealing with recreational use of synthetic substances and NPS, responses should predominantly involve a blend of preventive strategies and risk reduction approaches. Both approaches should address the underlying factors specific to each pattern, emphasizing education, psychological support, and enhanced living conditions to curb and alleviate drug use in the region.

- **IMPLEMENTING NEEDS AND PRIORITIES ASSESSMENTS AT BOTH NATIONAL AND REGIONAL LEVELS**

  Embracing the needs assessment methodology utilized in Portugal, adjusted to suit the cultural and social diversity of Central Asia, marks a significant step towards precisely understanding the distinct challenges faced by each country in the region. Moreover, recognizing common elements that cut across the entire region necessitates evaluating the needs and priorities of individual countries in a manner that incorporates the regional context, effectively addressing country-specific issues.

- **STRENGTHENING PROGRAMMES FOR THE PREVENTION AND TREATMENT OF HIV AND HEPATITIS C**

  Given the high prevalence of HIV and hepatitis C in Central Asia, it is important to focus on scaling up and strengthening prevention and treatment programmes, including ensuring access to appropriate medicines and care services. Advocating for vaccination strategies, public education, and affordable, effective treatments is recommended to combat these public health challenges. Implementing harm reduction strategies such as syringe provision, exchange programs, and venipuncture rooms is also vital.

- **DEVELOPING TARGETED PREVENTION PROGRAMMES FOR YOUNG PEOPLE**

  Directing prevention efforts towards the youth requires effective adaptation of policies and strategies to accommodate their unique needs and characteristics. These programs should encompass comprehensive education, awareness campaigns, and active involvement of young people, possibly through youth associations, evolving to address the dynamic shifts in consumption trends.

- **DEVELOPING SPECIFIC CARE AND TREATMENT PROGRAMMES FOR MINORS AND ADOLESCENTS**

  Minors, being a distinct group, often encounter challenges related to substance use. Recognizing that the issues and solutions for minors and adolescents differ, it becomes important to design and adapt programs that integrate evidence-based approaches, addressing the unique needs of this demographic facing complex situations related to drug use.

- **COMBATING DISCRIMINATION IN ACCESSING HEALTHCARE SERVICES**

  Addressing the biases and societal stigmas faced by individuals using drugs when seeking medical assistance remains important. Social prejudices often act as a deterrent for those experiencing significant health issues due to substance use, preventing them from seeking help from healthcare services. This stigma pervades society as a whole, including professionals within healthcare settings. Education and awareness-raising are therefore key to ensuring that health services are accessible and free of discrimination for this group.

- **ENSURE THAT INDIVIDUALS USING DRUGS HAVE ACCESS TO QUALITY TREATMENT FACILITIES, WHETHER PUBLIC OR PRIVATE, GUARANTEEING MAXIMUM CONFIDENTIALITY**

  The establishment of quality standards, state licensing, and external monitoring for private treatment clinics becomes important to uphold the delivery of high-quality services. Continuous training and updating of treatment practices should be prioritized. Regardless of whether these clinics are public or private, they should assure individuals using drugs that

their information is treated with utmost confidentiality, with no sharing of data with law enforcement agencies.

- #### PROVIDING COMPREHENSIVE MENTAL HEALTH CARE FOR DRUG USERS

Integrating mental health care into the treatment involves medical, psychological, and social care to address the mental and emotional challenges faced by these populations. It is important to acknowledge that mainstream mental health facilities often lack specialized personnel for understanding the complexity of drug-related issues. Similarly, professionals who are experts in the drug phenomenon do not necessarily have specialised knowledge in the management of mental health problems. This is why it is very important to train staff specialised in drugs and mental health, and to enable and publicise the spaces in which these professionals can attend to people who use drugs when they may need it.

- #### PROMOTE HARM AND RISK REDUCTION STRATEGIES

The implementation of these strategies is key in minimizing the risks and harms associated with drug use. Harm reduction recognizes that positive changes can occur without necessarily requiring abstinence. In the Central Asian country setting, the most urgently needed harm reduction interventions would be the extension of needle and syringe programmes (NSP) and opioid agonist therapy (OAT) sites to provide basic primary health care. Supervised injection sites are facilities sanctioned by law and supervised by medical professionals. They are meticulously designed to provide a secure, clean, and relaxed environment for individuals using substances. These sites furnish sterile injecting supplies, offer information about substances, provide basic medical care, facilitate referrals to treatment programmes, and have qualified medical staff on hand.

- #### INCORPORATING A PROVISION FOR ONGOING EVALUATION IS IMPERATIVE IN THE DESIGN OF ALL DRUG POLICY STRATEGIES IMPLEMENTED AT THE NATIONAL LEVEL

Evaluation remains a cornerstone of effective drug policymaking, ensuring that policies and programs not only achieve the intended outcomes but also provide value for money while avoiding unintended negative consequences. The significance of evaluation is acknowledged in various EU drug strategies and the strategies of many Member States. Conducting systematic and continuous evaluations of national drug strategies and policies facilitates the measurement of effectiveness, identification of areas for improvement, and adjustments to policies based on achieved results and impacts.

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Deliverable 4