

EU ACCESSION: DEVELOPING A DRUG POLICY PERSPECTIVE

**69th session of the UN Commission on Narcotic Drugs
Side Event: Accession as an Opportunity for Human Rights-
Based and Balanced Drug Policy Reform**

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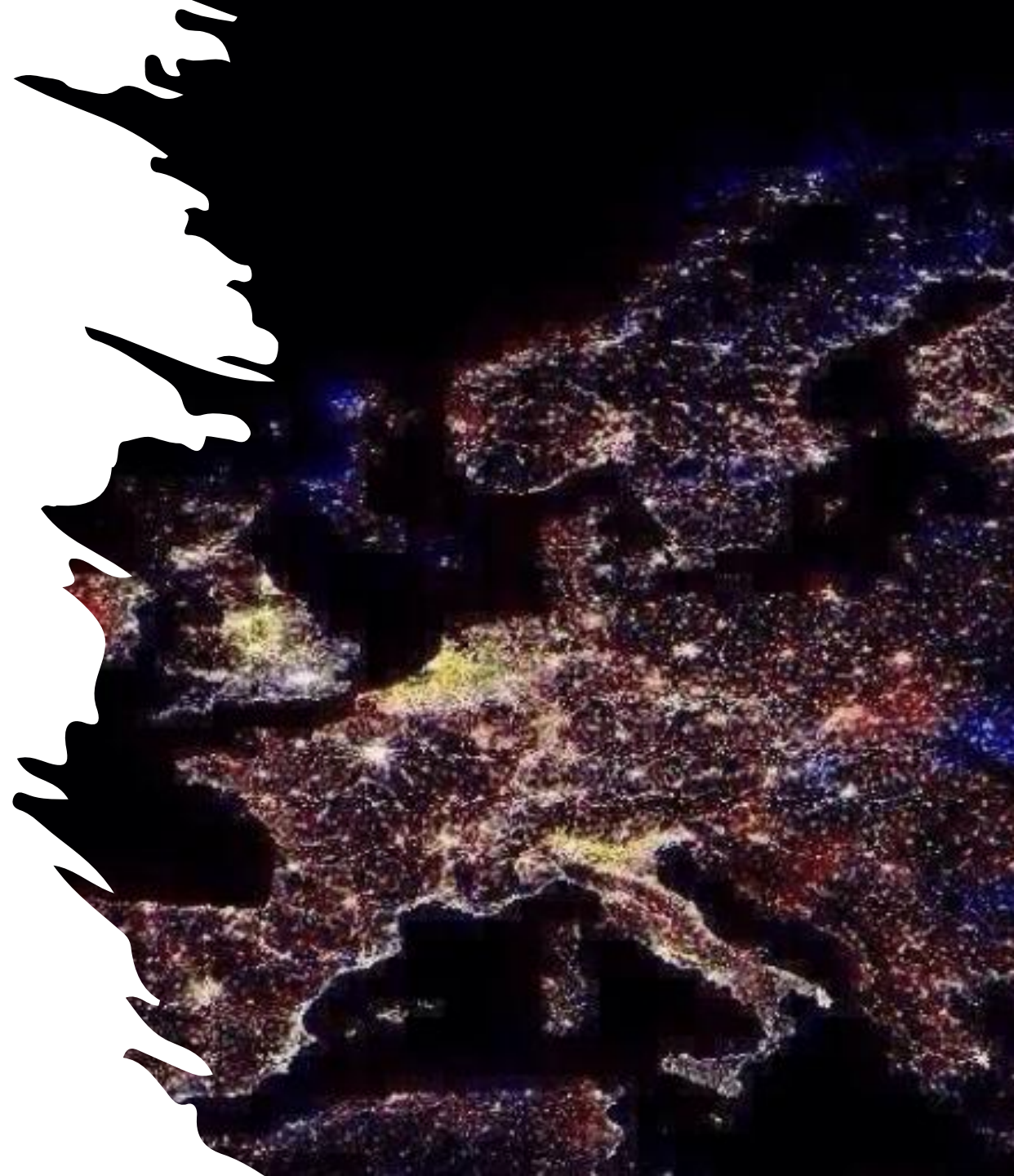


There is a **gap** between the current approach to drugs in the EU accession negotiating framework, and the whole spectrum of EU drug policy commitments.

Civil society shadow reporting can be a **powerful tool** to increase balance to this approach.

We will:

- Map the full extent of EU drug policy commitments
- Identify the key underlying key commitments
- Operationalise them into indicators that allow shadow reporting



Clusters of negotiating chapters

Following the introduction of the **revised methodology for the accession negotiations** in February 2020, negotiating chapters are now divided in **six thematic clusters**:

- 1 Fundamentals
- 2 Internal market
- 3 Competitiveness & inclusive growth
- 4 Green agenda & sustainable connectivity
- 5 Resources, agriculture & cohesion
- 6 External relations



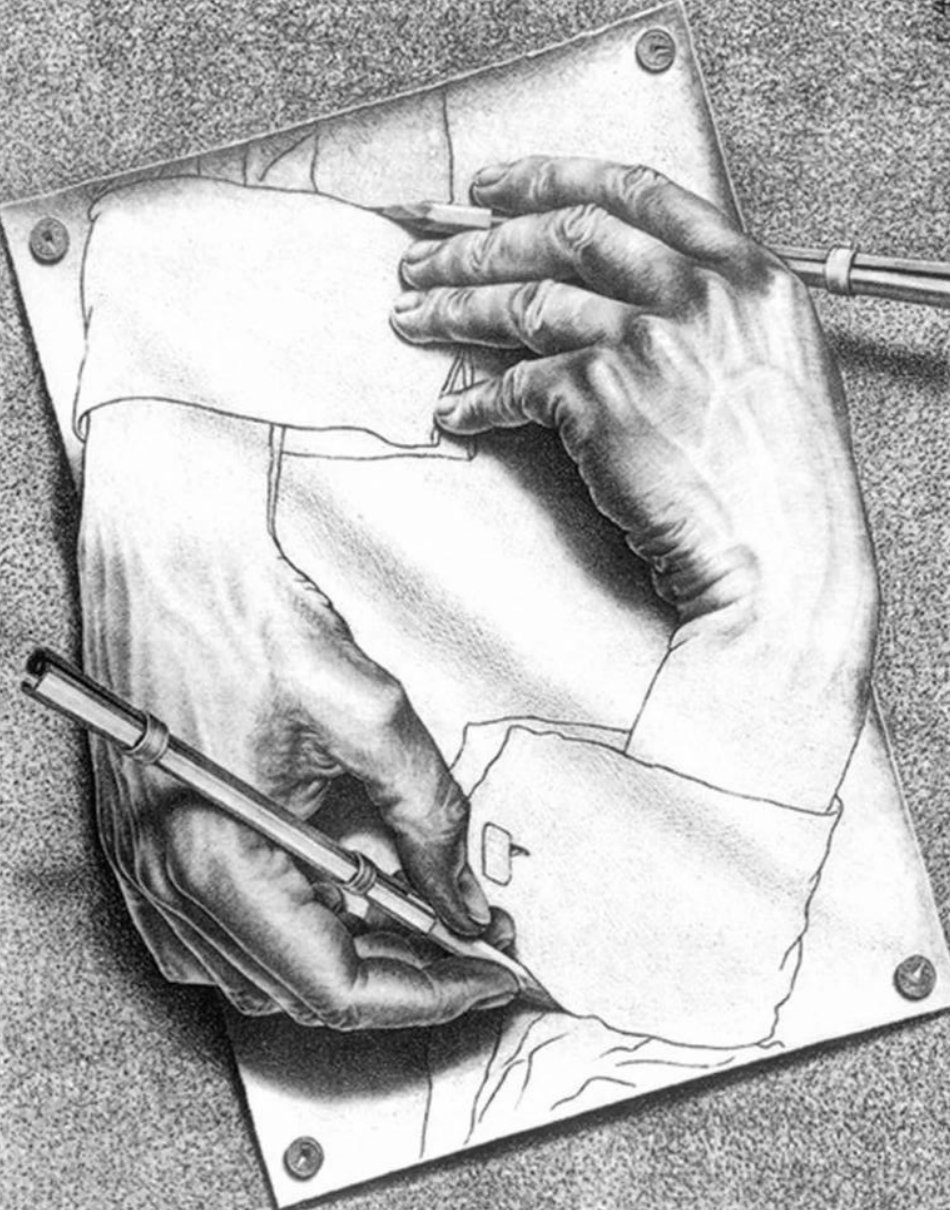
Diagnosis on current approach:

- **Lack of balance** – focus on supply reduction.
- **Needs modernization** – ignores 10 years of building commitments to a balanced drug policy.
- **Uses outdated language** – repeated references to “drug abuse prevention”



Mapping of EU laws and policies on drugs

- We have **identified 31 EU and Council to Europe laws and policies**.
- We have **rated their relevance to the project** on the basis of connection to:
 - Drug policy,
 - Relevance to a human rights/harm reduction approach to drugs, and
 - The accession negotiating framework
- This has resulted in **7 laws and policies rated as 'High Priority'**.
 - EU Drugs Strategy 2025
 - 2023 EUDA regulation
 - EU Drugs Strategy 2021-25
 - EU Drugs Action Plan 2021-25
 - 2022 Council conclusions, human rights approach in drug policies
 - 2018 Council conclusions, alternatives to coercive sanctions
 - 2015 Council conclusions, minimum qual. standards for demand red.
- All supply reduction laws and policies have been rated as low priority.



Key commitments

- We seek to identify the main commitments underlying the entire mapping of EU laws and policies.
- We focus on drug policy from a human rights and harm reduction perspective.
- We ensure that each commitment is grounded in language from the ‘EU acquis’.
- We include non-binding commitments that are well established in EU drug policy documents.

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Chapter	Category	Key commitment
Chapter 23. Judiciary and Fundamental rights	01. Prison conditions	KC1. Continuity and equivalence of care between prison and community are ensured
		KC2. Harm reduction is available and accessible in prison settings
	02. Alternatives to coercive sanctions	KC3. Alternatives to coercive sanctions are accessible at all stages of the criminal justice process
		KC4. Alternatives to coercive sanctions integrate demand reduction, harm reduction, and support services
	03. Arbitrary detention, excessive use of force, and torture	KC5. Drug treatment is voluntary and free from arbitrary detention, torture, and ill-treatment
		KC6. Police respects human rights when enforcing drug laws
	04. Process and victims' rights	KC7. People detained for drug activities have access to a lawyer and to legal aid
	05. Civil society space	KC8. Drug policy and harm reduction organisations and activists enjoy freedom of association and assembly, in law and in practice
		KC9. Drug policy and harm reduction organisations enjoy freedom of expression. No barriers to disseminating harm reduction information
		KC10. Drug policy and harm reduction organisations have access to national and foreign funding, with no restrictions
	06. Gender equality and non-discrimination	KC11. The design and implementation of drug policies integrates a gender perspective
		KC12. The design and implementation of drug policies takes into consideration the needs of vulnerable and marginalised populations
	07. Personal data protection	KC13. The privacy and personal data protection of people who use drugs are respected
Chapter 24. Justice, Freedom, and Security	08. Institutional framework: Drug Strategy	KC14. The drug strategy is balanced and includes both demand and harm reduction
		KC15. The drug strategy is grounded on human rights
		KC16. The drug strategy is developed involving people who experience drug-related stigma
		KC17. Health bodies are key decision makers in designing and implementing drug policy
		KC18. The drug strategy is evaluated taking into consideration input from civil society
	09. Institutional framework: National drug observatory and early warning system	KC19. Early warning system alerts are shared with civil society and communities, including people who use drugs
		KC20. National institutions monitor the human rights and social dimension of the drug phenomenon
		KC21. National institutions monitor drug use trends, epidemic outbreaks, and drug-related deaths

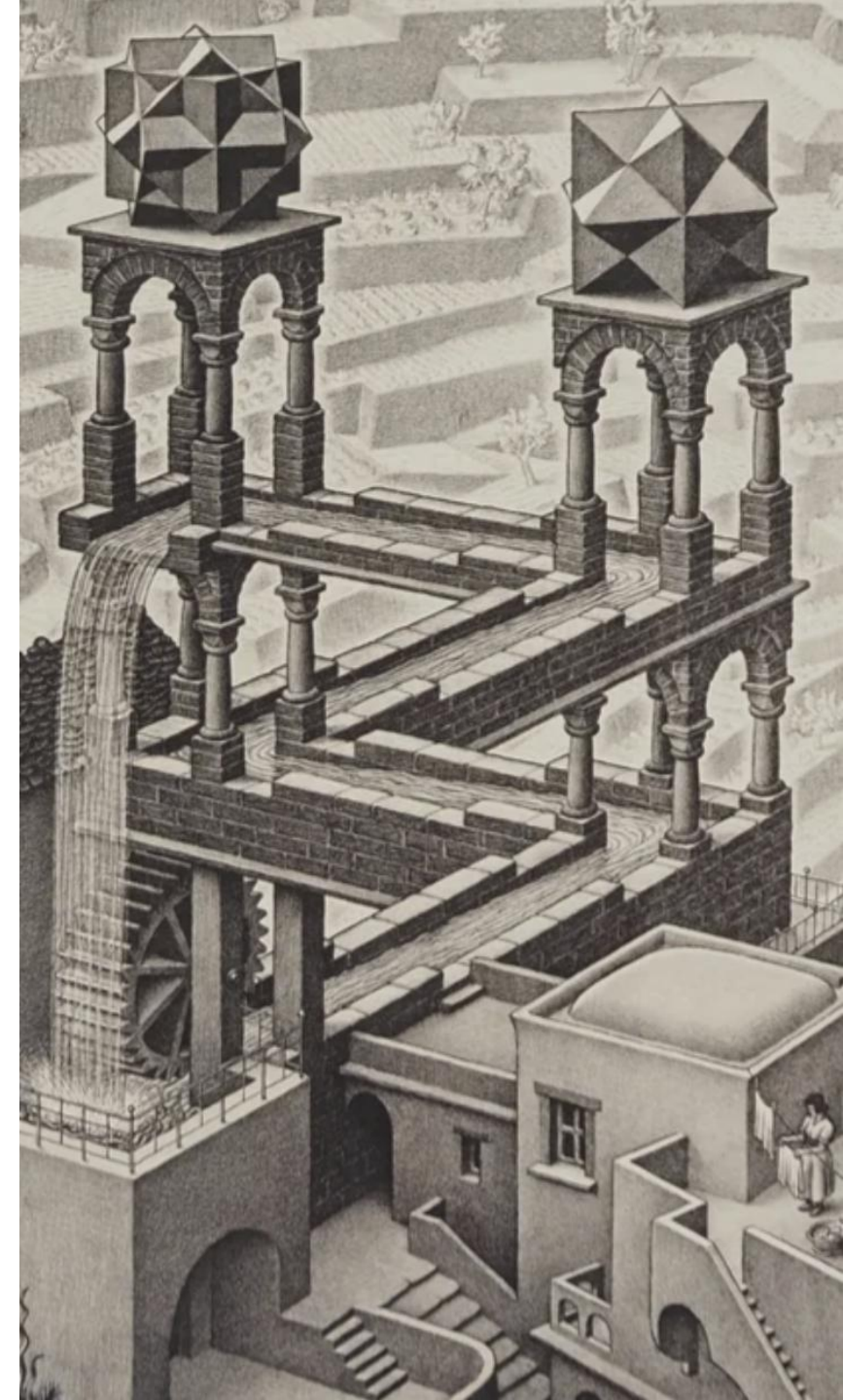
The 40 key commitments (2)

Chapter	Category	Key commitment
Chapter 28. Consumer protection and health	10. Harm reduction	KC22. Harm reduction interventions are mainstreamed
		KC23. Testing and treatment for HIV and HCV are mainstreamed
		KC24. Measures to prevent overdoses are mainstreamed
		KC25. Harm reduction interventions for synthetic drugs and NPS are available and accessible
		KC26. Harm reduction interventions receive funding and support
		KC27. The unintended consequences of punitive laws are taken into consideration when designing and implementing drug laws and policies
	11. Treatment and care	KC28. Treatment, health, and social services work in close coordination
		KC29. Staff working in drug services are adequately trained
		KC30. Treatment and support tailored to the needs of marginalised communities
		KC31. People released from prison receive adequate healthcare and social services, including employment and housing
	12. Civil society participation	KC32. Civil society participation and affected communities, including people who use drugs, are involved in the design, implementation, and monitoring of drug policies
		KC33. The participation of civil society in drug policy making is adequately funded
		KC34. Peer outreach and peer work are recognised and promoted
	13. Cross-cutting	KC35. Non-stigmatising attitudes and language are promoted
		KC36. People who use drugs and experience mental health problems receive adequate and effective support
KC37. Services are designed taking into consideration the characteristics and needs of marginalised and at risk situations		
KC38. Drug policies seek to address the social situation of people who use drugs, including housing, employment, education, and financial situation		
KC39. Drug policies seek to protect patient rights and support patient empowerment		
Chapter 31. Foreign, Defence, and Security Policy	14. Alignment with EU positions	KC40. Positions in international fora are aligned with those of the EU

Methodology

The overarching aim of the shadow reporting methodology is to:

- Collect and verify data on candidate countries' drug laws and practices,
- Interpret how these policies impact people who use drugs, and
- Assess alignment with EU obligations (the 'EU acquis') on drug policy – which we have operationalised in the 40 key commitments identified above



Requirements

- **Data must be valid.**
- **Data collection must seek to maximise** reliability. Ideally, data collected through this methodology must be repeatable when different persons use the same process, on different occasions, and under different conditions
- The methodology should return results that are **consistent and comparable** across different candidate countries.
- Data collated through this methodology must **meaningfully reflect the experience of affected communities**, particularly people who use drugs
- **Data collection must be cost-efficient**, as resources are likely to be very limited.

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Similar projects / inspiration



The Global Drug Policy Index is particularly relevant to this shadow reporting project, as it shares many key characteristics:

- It covers **both harm reduction and human rights dimensions of drug policy**, with particular focus on criminal justice responses.
- It seeks to document drug laws and policies on paper, as well their **implementation on the ground**.
- It has a very **transparent methodology** that we can rely on.

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- **Policy indicators**, which seek to assess a candidate country's legal, policy, and institutional frameworks.

Collected via content analysis of the country's laws and policies.

So far we have developed 25 policy indicators.

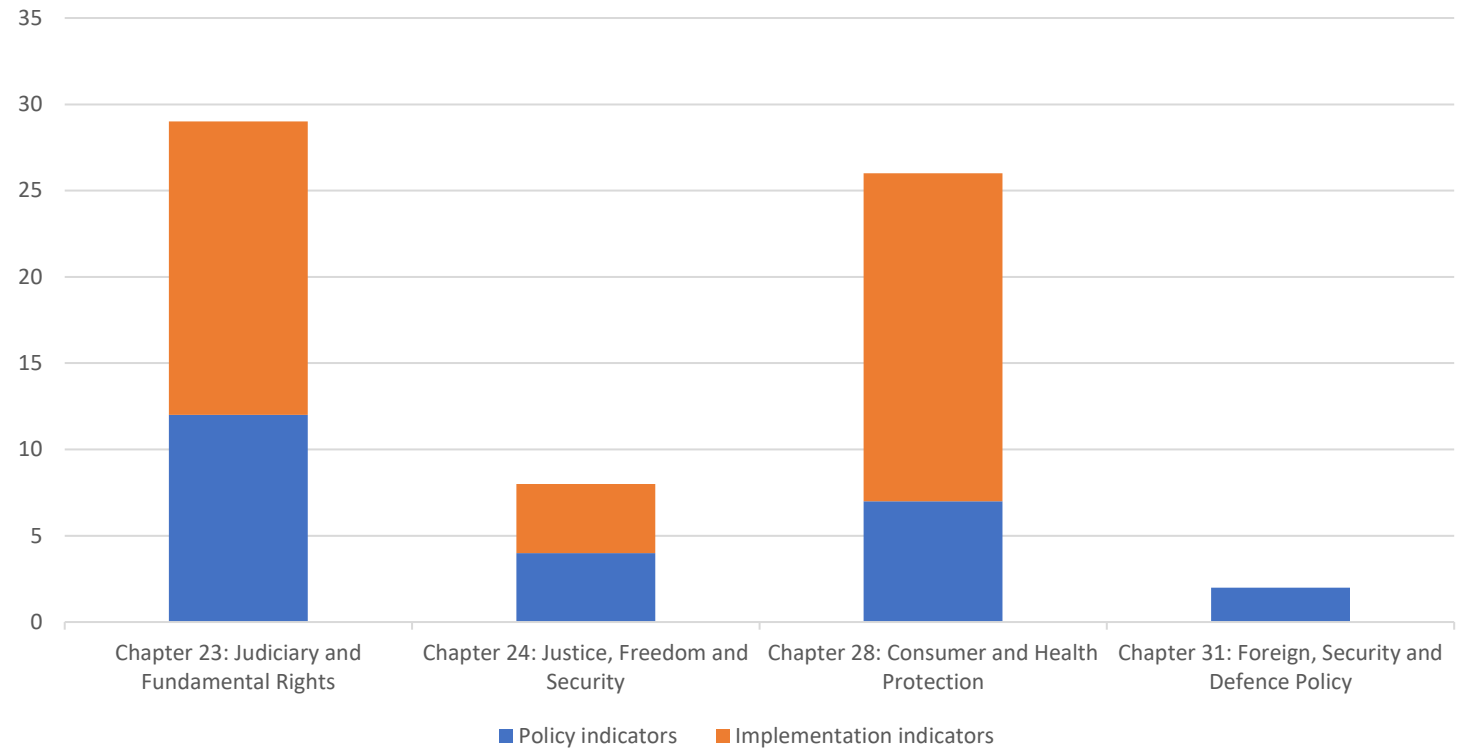
- **Implementation indicators**, which seek to assess how laws and policies impact people who use drugs and other populations affected by drug policies.

Data will be collected **by engaging experts and persons with lived experience. Which you can do through a focus group, a survey, etc.**

So far we have developed 41 implementation indicators.

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Distribution of indicators (approximate)



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Thank you!

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