CSFD response to the EC proposal for the EMCDDA mandate renewal

February 2022

This CSFD submission aims to provide key comments and recommendations regarding the European Commission's "Proposal for a regulation of the European Parliament and of the Council on the European Union Drugs Agency".

First of all, **the CSFD welcomes a renewed mandate for the EMCDDA,** as it plays a critical role in collecting and analysing reliable data and in facilitating the development and implementation of evidence-based drug policies across the EU. A stronger, well-funded agency is therefore to be applauded. The CSFD also wishes to highlight the following positive areas of work included in the EC proposal:

- The CSFD welcomes the enhanced role the EMCDDA would have in **monitoring national drug policies**, as well as its ability to evaluate and accredit national drug programmes. The EMCDDA plays a major role in collecting data and conducting objective analysis on the effectiveness of drug policies and programmes. This enhanced role will therefore facilitate the adoption and adaptation of national drug policies and programmes based on solid scientific evidence across the EU.

- The proposal provides for the EMCDDA to review and **certify the national focal points** that comprise the Reitox network. This is also a positive step in ensuring that the data provided by the focal points is reliable.

- The CSFD welcomes the fact that EMCDDA will play a **stronger role in monitoring, assessing and collecting data on supply reduction policies and programmes**. Indeed, in the past, there has been little scrutiny on whether supply reduction efforts are indeed evidence- and human rights-based. This is an opportunity for the EMCDDA to develop new indicators to evaluate supply reduction policies grounded in evidence and human rights.

- Finally, the new mandate would enable the EMCDDA to engage more intensively in **international data monitoring and cooperation**, including by supporting the HDG and the Commission on their international work, providing information to the UN Office on Drugs and Crime and the World Health Organization (WHO) and in providing support to third countries. There has been much criticism on the quality and level of data collection at the UN with regards to drugs and drug policy. The EMCDDA has a critical role to play in both sharing data and analysis from EU member states, and in building the capacity of other agencies at national, regional and global level to monitor drug policies and programmes.

The CSFD also wish to raise various points of concern regarding the EC proposal:

- Firstly, there is a lack of clarity regarding the **status of the EMCDDA** as a new 'EU Drugs Agency': will it retain its independence and autonomy from the EC and therefore its scientific integrity without political pressure or interference? This will need to be

clarified within the new mandate, which should also stress the importance of evidence in all aspects of the EMCDDA's work.

- While an expanded role for the EMCDDA on supply reduction matters is to be welcomed, we are highly concerned over the **clear imbalance in the new mandate of the EMCDDA towards supply-side issues**, with very little focus on demand-side issues and health. This is a worrying shift as the role of the EMCDDA in highlighting evidence-based policies relating to drug demand and health is critical across and beyond the EU. This strong focus away from health and towards law enforcement also goes against the feedback collected via the external evaluation of the EMCDDA. The balance between demand and supply is at the very core of the EU Drug Strategy for 2021-2025 and its predecessors and should be reflected in the new EMCDDA's mandate. The regulation should be overall more balanced, and the necessity for the EMCDDA to work on both supply and demand/health should be strongly reflected in the preambular section of the document.

- Where the draft does mention demand-side issues, it places strong emphasis on drug prevention-related activities but focuses little on other aspects of drug demand reduction and health-related issues. For instance, while drug prevention is mentioned 41 times in the current draft, harm reduction and treatment are only mentioned 5 times, while recovery is not mentioned at all. It is important that the EMCDDA's mandate reflects the balanced approach of the EU with regards to demand-side issues, which includes an equal focus on **drug prevention, risk and harm reduction, treatment, care, rehabilitation, recovery and social reintegration**.

- The **lack of focus on human rights** within the draft mandate renewal is also cause for concern, especially since much of the mandate relates to supply-side activities which have, in many countries, been associated with human rights violations. The EU Drug Strategy promotes human rights as a core component of EU drug policy for the period 2021-2025, and this should be adequately reflected throughout the EC proposal.

- With regards to research and data collection on illegal markets, drug-related crimes, supply reduction policies and interventions, we strongly recommend that the new mandate imposes the same **privacy and sensitive data protection standards** for the EMCDDA as it has traditionally used in its scientific activities and ensures that all other agencies involved in supply reduction monitoring and research, which the EMCDDA is going to collaborate with (i.e., Europol, CEPOL, Eurojust) respect the same standards.

- The draft mandate renewal requests the EMCDDA to **develop EU-wide campaigns** on drug prevention and raising awareness of the adverse effects of drugs. As the EMCDDA's principal scientific analyst on prevention pointed out in a 2011 article, "mass media campaigns warning from illicit drugs, despite the high costs, lack of evidence for effectiveness, and possible iatrogenic effects". This new role would therefore go against the EMCDDA's own evidence of effectiveness. We recommend that Article 16 of the proposed regulation emphasize the need for the agency to promote a "broad range of evidence-based interventions" that cover the whole range of demand-related issues (prevention, risk and harm reduction, treatment, care, rehabilitation and recovery) which are evidence-based, culturally and contextually appropriate, and age and gender sensitive.

- Regarding the development of the **European Early Warning System**, we recommend that the new mandate encourages the EMCDDA to involve CSOs, professionals, networks of people who use drugs and people in recovery, which are critical sources

of information and knowledge, and that the acquired information is accessible to people who use drugs and drug services and professionals, in order to guarantee the most timely and effective interventions to promote and protect the health of people who use drugs.

- The way in which **civil society will be involved** in supporting the EMCDDA going forward is unclear in the current draft. Civil society participation is only mentioned in article 55, which does not elaborate on how such participation will indeed take place. This paragraph should lay out the foundations of a formal mechanism through which civil society and affected communities will be involved throughout the work of the agency, and that it is systematic and adequately funded. The way in which civil society could be involved in the work of the EMCDDA could draw from experiences of other bodies. The WHO, for example, is required to consult and meaningfully involve those who are the subject of their normative guidelines in the development of these guidelines, which includes civil society in addition to the voices of other technical stakeholders. The CSFD encourages EMCDDA to adopt a similar commitment to the "nothing about us without us" principle. Experts with relevant lived experience and/or technical experts from the drug user rights and recovery movements should be included in the development of technical guidelines relating to people who use drugs.

- In June 2021 UN Member States committed to ambitious targets for scaling up **community-led responses** by 2025 toward meeting the goals of ending the AIDS epidemic by 2030. These targets build on UN Member States' 2016 commitments to ensure that 30% of HIV testing and treatment programmes are community-led by 2030. EU countries are a significant group among the "Friends of UNAIDS" and were strong backers of the new global commitment to communities and human rights. The EMCDDA plays a critical role setting quality standards and framing good practice for a wide range of interventions that are community-led. The new mandate should therefore call on the EMCDDA to expand its technical focus to define good practice and produce guidelines about community-led responses with people who use drugs and the impact of meaningful participation on the delivery, management and review of services for people who use drugs.

Finally, we encourage the HDG to **request that the CSFD is invited to provide input on the EC proposal** at a formal meeting of the HDG at the earliest possibility. It is essential that the voice of civil society is heard from the outset of the process.