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Ethical statement

for local and integrated partnerships on drugs issues



With the support of the European Commission

This publication is co-financed by the European Commission. Sole responsibility lies with the author and the Commission is not responsible for any use that may be made of the information contained therein.

INTRODUCTION

«To feel or think with» is the etymological Latin meaning for this word, that leads us to the convergence of several ways of feeling and thinking in just one state that resume them all.

In terms of drugs policies we have many general declarations on health promotion or war against drugs, like for example those produced by the European Monitoring Centre on Drugs and Drugs Addiction EMCDDA, or the EU Drugs Strategy itself. However, we struggle to find an effective consensual strategy no matter the social and cultural environment, especially when we deal with countries outside Europe.

Following this tendency, it is common to face different local and regional policies within the same country and between countries, which give us all a fragmented picture that could possibly influence the lack of results in terms of application of drug use strategies.

There is also some lack of consensus regarding terminology which in part becomes from the multidisciplinary on Drugs Use field, that is, the wide range of sciences involved in its understanding and action creates some lack of consensus on the use of terms that could signify different things, depending on the science's background and paradigms.

Secondly, and regarding precisely the paradigm production, each science and field of action has different cultures, history and explanations behind that obviously could be even antagonist between themselves.

Thirdly, there is some difficulty in the exchange of good practices on this field. Consequently, this is just our first step regarding the path of consensus between the European partners that make part of our networking.

DC&D aims to achieve a group of core principles to the development of local policies about drugs based on evidences, on participative democracy dynamics and on cooperation systems at local, regional, national and international levels. A special stress will be put into achieving these core principles based on an internal consensus among coordinators, partners and experts, and the active participation of the partner cities.

CONCEPTUAL FRAMEWORK – General Concepts

Social alliances between groups and societal tissues are crucial to prevent problems like marginalisation, exclusion and difficulties of integration that often lead, and relate with Drugs Problems. Hence, we believe excluded people result from an excluding society. For all exposed, DC&D promotes:

At people's level:

- the respect for people and their decisions, also understanding the responsibility for their actions,
- the understanding of people's globality,
- the free access to quality of life improvement ,
- the access and responsibility to the duties and rights regarding citizenship,
- the development of social competences and the notion of learning.

At the social structural level:

- prevention and harm reduction priority,
- reinforcement of solidarities between social agents,
- minorities and cultural diversity respect,
- prevalence of complementarity and cooperation, instead of competitiveness and isolation.

At the level of social, political, and public health policies, DC&D also supports:

- the development and dissemination of global and local policies that improve prevention and harm reduction strategies,
- the battle against exclusion policies,
- the adoption of a global strategy about the psychotropic substances with the scope to eliminate or reduce incongruencies associated with the distinction between 'legal' and 'illegal' substances,
- the practice of control over substance production, offer and traffic, instead of repression over drug users,
- advocacy and training of all actors and social agencies, affected and/or involved directly by drugs-related issues and problems.

STATEMENT

This statement of core principles is thought as a document to adapt to any territories, parting from existing local alliances among different social agencies, and coping with different agendas. Hence, it is not strictly a consensus document, but a referential one that will need constant adaptation to different scenes and realities, and to different drug-related problems.

This is a document elaborated by civil society agencies that has been reviewed and agreed by the whole range of institutions and territories participating of the DC&D project. Many of its fundamentals come from existing regulations, strategies, and action plans from several national and international institutions, displayed at the end of this document. Our statement is structured upon two general approaches, and consists of twelve core principles.

GENERAL APPROACHES

- I. The protection of health and the respect toward human rights must be core to all interventions and strategies addressed to drug-related problems.
- II. Working with alliances than cross disciplines, professions and institutions will be of the highest importance. It must be approached by means of collaboration among all levels that impact on health and welfare for populations, and based upon participation of an organized civil society, toward stakeholding, official levels.

PRINCIPLES

1. The **respect to foundational values of the European Union**: human dignity, freedom, democracy, equality, solidarity, the State of Right, and human rights individual as well as collective. Equally, the consequent ethical, structural, duty for Member States to protect citizens from risks and threats that they cannot handle on their own.

2. Considerations upon European Union foundational values, of scientific evidence, and of professional practices that have proved most efficient in reducing drugs demand and consumption, should provide to settle **an unifying and standardized model** to tackle drugs-related problems in the EU, with validations legislative as well as executive from the part of all Member States.

3. Moreover, the importance of health promotion, of health determinants, and of vulnerable populations imposes a consideration on global characteristics of drugs problems, as well as on **specificities**, regional or by specific social groups and levels. It will be needed to take into account the several levels of risks produced by different types of drugs consumption (and of multiple drugs consumptions), and from specific phases of life and specific situations (as first youth, pregnancy, or driving under the effect of drugs), and for disadvantaged, marginalized, or socially excluded groups.

4. **‘Thematic’ and/or ‘regional’ strategies** must be developed to promote that different cities, regions, or professional fields with shared problems to face, be able to Exchange their experiences. ‘Thematic’ approach would be the one that reaches specific sectors of interest and intervention in the drugs field, and will be considered as a transversal strategy that can contain particular specificities for geographical areas more or less defined.

5. Preventing and reducing drugs consumption, addiction/dependence, and related harms, will be the fundamental aims, faced through **early detection of risk factors** and **early intervention**. Interventions must be specially addressed to:
 - Initiation to drug use among the population;
 - shifting of experimental consumption into habit;
 - drug dependence and social seclusion;
 - treatment, rehabilitation, integration, and harm reduction programs for health and welfare problems derived from drug dependence.

6. **Social awareness and sensitivity** on the risks of psychoactive substances and corresponding consequences must be promoted. It is necessary to improve the capacities of citizens to hold decisions funded on their health and their interests as consumers. Hence, improving informations on psychoactive substances must be sustained by truthful, transparent and evidence-based communications, eluding alarmism as well as simplicism, and always calling to the receptive citizens', groups' and individuals' intelligences and self-efficacy.

7. The need must be stressed to **diversify treatment options** to cope with the whole range of needs of those affected by drugs, and to adequate to actual patterns of drugs consumption.

8. The treatment of drug-related health problems should be considered as logical and natural **core part of all social and public health policies**. The objectives of health, wellbeing and protection of drug users should be integrated in all social and health policies, general and specific. Establishing as a public health objective the prevention of drug dependence and the reduction of related risks and harms is a primary aim for public health systems that need to develop and apply strategies global as well as specific.

9. We understand that **terminology** is an important question for the approach to drug dependence-related problems in the European Union. The European Commission, the Member States, and civil societies should prove able enough to efficiently share, use and understand a 'common language' for such questions. Nowadays, Member States handle enormously different conceptual frameworks and definitions in key aspects like: treatment coverage, accessibility, evidence-based interventions and policies, or early detection, just to pose a few examples.

10. Cities, regions, and Member States must develop activities in **prisons and other correction facilities**, addressed to risk prevention and harm reduction, treatment and social reintegration, for convict drug users.

11. Civil society must play an important role in the **evaluation of policies, programs and services**, to which it can contribute from a non-expert, but informed, position. Also, there is a need to incorporate evaluations and quality controls to increment the efficiency of demand reduction strategies. For that, more **strict, deep and wide research strategies** are specially needed, considering outcome indicators qualitative as well as quantitative.

12. **Drug users with mental diseases** tend to remain in ‘no man’s land’: drugs services too often reject them for their concurrent mental problems – and, the other way round, mental health services do the same for their difficulty to cope with drug-related problems. Hence, cooperation among mental health and drugs services is highly needed, as well as among both assistential levels and their general public health systems.

GLOSARY – Notes on specific concepts

The following are some notions on important concepts that we usually work with, and from which it is convenient to clarify practical as well as theoretical questions, to promote consensus on the approach to drug related problems.

Use of drugs

Drug use is a complex interaction of several factors, considered by all participants in the DC&D project as a question of public health, not of morality. It involves questions like inclusion and quality of life, and it can also be understood as an indicator for social change.

From our point of view, there is an agreement in considering that drug policies should be sustained and oriented from an European approach. That is to say that national policies should be progressively more congruent in the European level, and insert themselves in municipal, local Action Plans. Integrating both levels – European and local – should lead to increasingly satisfactory outcomes in this field.

We should not talk about drug use without thinking of prevention, treatment, urban safety and harm reduction, among other key concepts. We all feel there is an urgent need to obtain consensus on these key fields of intervention.

Prevention

The DC&D project sustains prevention as a multidisciplinary policy reaching all kinds of drugs, contexts and social actors affected by related problems. We could enumerate some core elements to preventive actions, as: support to key persons, strategies for communication with foreign communities and groups, early detection of problem drug use among youths, early intervention, or assistance and prevention with parents and community.

In wider scope, prevention is due to reinforce the social tissues to generate autonomous processes for decision-taking. Hence, a fundamental for prevention will be the development of social capacities –defined as personal and collective capacities for the management of emotions, sensitivities and intelligences– and empowerment.

Treatment

Treatment dwells on the other side of the range. From a point of view of granting both physical and mental health, we could say that treatment should be a field that integrates drug users and external agent that are due to act accordingly to their real health needs. For that reason, treatment should promote finding alternatives, autonomous decision taking, learning and risk management by all involved actors.

Prevention and treatment should both imply preventive health policies open to the whole society, and democratic agreements with minorities as well.

Risk and harm reduction

Once left behind prohibitionist action against drug use, nowadays harm reduction seems to be *the* paradigm of pragmatic policies, according to a new comprehension these phenomena and to an increasing sensitivity toward the protection of the rights of drug users. After a long era centered on the exclusive search for abstinence, harm reduction tries to reduce the harmful effects of drug consumption, leaving aside considerations over the legal status of such practices.

Risk reduction focuses on behavioral patterns associated to specific consequences and, in general, its outcomes are easier to quantify. Harm always points to the negative consequences of drug use, and their minimization is the main aim within this paradigm.

Quality of life

The paradigm considers especially the notion of life quality, with a main aim of providing drug users with a better quality of life, no matter what the trend of their actual or future drug use be. Having this scope in mind, we need to provide them with resources due to their basic needs, public services regarding their real needs and ways of action against social problems.

DC&D project emphasises considering quality of life among drug users –active and/or under treatment– as a central axis for European, national, regional and local public policies on drugs, and a major must to spread this word into public institutions.

Community

Community can be defined as a group of people with common social links, and that share an identity within a real, physical and/or symbolic context. We consider that community involvement in social intervention as crucial. Social problems are of a wholly collective range, and hence should be solved via collective participation dynamics. We can enumerate some general principles of action for community alliances on social and health problems:

- Community participation in social projects can happen at three levels: *preparation* (identifying and analysing needs, problems and resources),

implementation and evaluation – and of course the main aim will consist of mobilising the community into a common project from a social change view, with exercising citizenship and democratic habits;

- We understand from the beginning that the economic, political, social and cultural contexts within which people live are crucial determinants for wellbeing and quality of life;
- Most community participation projects could find themselves blocked by tensions among institutions and social agents, or affected by structural changes;
- The presence of community is not an indispensable previous condition for actions, but proves very important in order to guarantee and sustain their outcomes;
- Social change and improvement for excluded groups is obtained by reducing the economic, political, social and/or cultural inequalities they face, and by means of a democratic orientation;
- It is by means of community mobilisation and development that social interventions can achieve their most;
- Permanent and participative evaluation is one of the best ways to involve all social agents in activities, and to obtain constant feedback on the performance of interventions.

Minorities equality

The equality of minorities is directly related with the notion of *marginalization*, that can be defined as “the process whereby race quality, or the position of racial minorities in society, is never addressed explicitly from the outset, and, if addressed, only as a separate issue, or as an afterthought” (T3E).

According to the EMCDDA, “drug use amongst visible minority communities is hidden and hardly to assess very often”, which is not too difficult to imagine if, for instance, we think of social phenomena as that of immigration. Frequently, social exclusion for these minority groups are related to the difficulties of drugs services themselves to meet their real needs.

The lack of consensus in terms of anti-discriminatory legislation among European countries obviously leads us to a dedicated question because it is hard to exchange experiences when different legislations block our goals to promote social change. This DC&D project shares the principles of the Universal Declaration of Human Rights, namely:

Article 1 – All beings are born free and equal in dignity and rights;

Article 7 – All are equal before the law and are entitled without any discrimination to equal protection of the law.

A special attention should be given for utmost marginalized groups and to the protection of the livability for general population as well. How could this be done? Among other actions, outreach work is extremely encouraged as a supportive practice for the (re)integration of drug users, as well as housing assistance – residential and non-residential–, support for drug users’ initiatives, mobile social work toward homeless people who use drugs, streetcornerwork with special attention toward foreign drug users, or better acces for drug users into social economy initiatives.

Multiplicity of actors and scenes

DC&D partners consider that the development of integrating policies that could reach the points of view of all actors could be achieved through:

- strict and valid identification of differential groups within society, for their geographical or cultural –or any other defining traits– pertinence (e.g., groups by age, gender, religion, subculture, hobbies, drug use habits, etcetera);
- development of democratic policies regarding all partners’ opinions and ideas,
- shared competences and common responsibility;
- decisions and communications in transparent ways,
- participation of several actors representing the several social groups and levels: political, services, Police, community and drug users, minority communities, etcetera;
- establishment of specific communication channels for special groups and foreign communities, and development of multicultural policies.

Exchange networks

The DC&D project promotes the creation of stronger networks, capable of exchanging, sharing and transferring information and know-how from different levels and actors, in order to advance integrative action plans, to design strategic training courses, and to reinforce local coalitions, causing a positive impact on the drugs field. Hence, we point the importance of:

- building local coalitions between pilot cities and projects through the shared of the same methodological guidelines;
- evaluating and communicating a permanently among all participants;
- providing assessment to community stakeholders so they can improve their understanding of community substance use/ abuse problems and identify key community actors/ institutions to help them identify human and financial resources available;
- providing training to communities on analysing problems, resources and goals, through exchanges among several social actors involved on the scene;
- trying to pass from the descriptive level, from the relevant aspects of local contexts, to an abstraction level: turning those experiences into ideas, methodologies and tips to be developed in other contexts;
- initiating and/or reinforcing at the local level the involvement of all actors concerned (politicians; prevention, harm reduction and care field agents; drug users; police and justice; associations of residents, club owners; etcetera);
- creating a workflow between all professionals working on the area, allowing them to obtain feedback and readjust their activities toward similar and comparable lines of action.

Advocacy

Advocacy is the act of arguing on behalf of a particular issue, idea or person. Individuals, organizations, and governments can engage in advocacy: advocating for an idea can include a wide range of subjects as broad as social justice.

The DC&D project strongly recommends advocacy as a way of building bridges and links between the State and its representatives, and citizens. The main aim is then to produce social change and another view on policies that could lead to equal dignity for all people, the respect for core human rights and the prevalence of non-discrimination.

The participation of individuals and groups in the determination of issues affecting them is something we see as essential. We specially defend the pertinence of associationism between drug users in defense of their rights as citizens.

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