

HUMAN RIGHTS AT THE HEART OF DRUG POLICIES

50th anniversary
of the Pompidou Group

Pompidou Group
Council of Europe International
Cooperation Group on
Drugs and Addictions



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Director of publication: Denis Huber.

*Author of the chapters covering the
five decades from 1971 to 2021:*

*Rafaëla Rigoni, Psychologist, PhD in
Development Studies focusing on drug
policy and Postdoc in Drug history
(proofread by Arjan Nuijten, Historian).*

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Foreword

By Marija PEJČINOVIĆ BURIĆ,
Secretary General of the Council of Europe

■ On 6 August 1971, French President Georges Pompidou, addressing the Prime Ministers of the other five countries of the European Economic Community (Belgium, Germany, Italy, Luxembourg, the Netherlands) and the United Kingdom, took the initiative of creating the first platform for European cooperation on drugs. This was a pioneering act: at that time there was no real awareness in Europe of the need for international cooperation in the fight against drug abuse and illicit trafficking.

■ From the outset, this initiative advocated multidisciplinary action to act on both supply and demand, by associating the ministries of the interior and justice with those of health, education, and youth. This approach was developed throughout the early years of the Pompidou Group's existence and was consolidated and strengthened when it joined the Council of Europe in March 1980.

■ Through this integration, the Group adopted the founding values of our Organisation: democracy, human rights, and the rule of law. Its influence has gradually spread, reaching 41 member states today, including three non-European countries. And half a century after its creation, the Pompidou Group remains true to the innovative spirit of its founder.

■ Europe and the world have changed a lot in 50 years, but the Council of Europe's approach remains more relevant than ever to the challenges and issues of our time. The issue of drugs is one of them: it is a major concern in our contemporary societies. The 50th anniversary of the Pompidou Group provides an opportunity to take stock of its achievements, but also to look to the future. By giving the Pompidou Group an ambitious revised Statute on 16 June 2021, the Committee of Ministers has given it the right political and legal framework to make the Council of Europe's voice heard on the international scene and to stimulate its action in this field.




Marija Pejčinović Burić
Secretary General of the Council of Europe

1969-1971: The genesis of the Pompidou Group

Written by Denis HUBER
Executive Secretary of the Pompidou Group Validated
by Alain POMPIDOU, the son of President Pompidou

■ Georges Pompidou was elected President of the French Republic on 15 June 1969. He took up his duties a few days later, on 20 June, succeeding General de Gaulle, of whom he was Prime Minister from 1962 to 1968.

■ One of the burning issues he inherited was the easing of tensions between France and the United States, generally speaking, after a decade in which the founder of the Fifth Republic had made the Americans (and their closest British allies) swallow many snakes, but also on a more specific ground: the existence of a vast heroin trafficking network linking the East (especially the former French colonies) and North America, via France, with the port of Marseille as a hub. This traffic, whose origins date back to the 1930s, but which reached its peak in the 1960s, went down in history as the "French connection".¹



■ As early as August 1969, Richard Nixon intervened with his French counterpart to establish closer cooperation between the police forces of the two countries in the fight against drugs. This is one of the major priorities of the new American president, who from the start of his term in office tightened his country's legislation in this area. The United States is facing a dramatic situation: the country had 20 000 heroin addicts at the end of the Second World War, and by the end of the 1960s had around ten times as many. Drug use and trafficking are in the heart of American metropolises, particularly New York and San Francisco, and particularly affect young men, including soldiers who were enlisted in Vietnam or demobilised, among whom those from the black minority are over-represented.

■ As a follow-up to this meeting between the two Heads of State, it was decided to develop technical collaboration between the American and French police services at the three essential stages of major drug trafficking: production, processing and consumption. Regular co-ordination meetings between the officials were planned (the first being held in Paris in December 1969).²

■ It was in a peaceful atmosphere that the subject of the fight against drugs was raised again by the American President during Georges Pompidou's visit to the United States in February 1970. One year later, on 26 February 1971, a Franco-American memorandum of understanding was signed in Paris by Raymond Marcellin, Minister of the Interior, and John Mitchell, Attorney General of the United States. It formalises a close cooperation between the specialised services in the fight against illicit drug trafficking in the two countries. In the meantime, a new law was enacted on 31 December 1970, significantly increasing the penalties for traffickers in France and advocating a repressive approach towards users as well.

■ At the international level, there was a growing awareness of the dangers associated with the development and increasingly widespread use of substances such as amphetamines (many of which are still legal and even available over the counter in pharmacies) or hallucinogens (such as LSD, the symbol of the 1960s counterculture). It led to the adoption, on 21 February 1971, of the Convention on Psychotropic Substances, which completed the legal arsenal put in place by the United Nations through the Single Convention on Narcotic Drugs adopted ten years earlier.

■ An inter-ministerial meeting was convened in Matignon on 24 June 1971 to review the implementation of this new legislation. The meeting made two observations: firstly, the worrying trend in drug use, particularly cannabis, with young people being particularly affected; and secondly, the lack of resources available to the police and the judiciary to cope with the tightening of the legislative framework, with priority being given to

1. It was popularised shortly afterwards by the film of the same name, which won the three most prestigious Oscars (Best Film, Best Director, Best Actor) in 1972.
2. The personal understanding between the two presidents will make it possible to quickly overcome the existing animosities between the administrations (some American interlocutors having gone so far as to describe France as a 'narcostate').

combating traffickers rather than prosecuting users. There was also concern about the situation in schools, where drug use was spreading without the alarm bells being rung: "The golden rule is to not talk about it".

■ In a note addressed to Georges Pompidou by the Secretary General of the Presidency of the Republic, the warning was given: "The evolution currently observed would be the same as that known in America ten years ago. This is worrying since, despite considerable means, the evolution in the U.S.A. has not been able to be contained." The President reacted by confirming his determination to act with the utmost firmness ("Above all, we must crack down", wrote Georges Pompidou in his own hand in the margin of the text), while at the same time opening up a new horizon for action: "We must take the matter to the European level" (another handwritten annotation).

■ At that time there was little awareness among the French or European public opinion of the existence of a drug problem. Whereas a few days earlier, at a still famous press conference, President Nixon had declared "the war on drugs", the French President had to put all his weight in the balance to convince his peers and public opinion of the need to act.³

■ Taking action in the middle of the summer, Georges Pompidou sent a letter dated 6 August 1971 to the Prime Ministers of the five other member countries of the European Community (Germany, Italy and the three Benelux countries), as well as to the Prime Minister of the United Kingdom.⁴ He stressed the urgency and seriousness of the emerging drug problem in Europe, particularly for young people, and advocated the immediate establishment of European cooperation in the fight against drugs, through the creation of "a permanent body bringing together experts in judicial repression, the fight against drug addiction, public health and education" from the seven countries in question.⁵

■ The "Pompidou Group" was born!

3. The death of Doors singer Jim Morrison in Paris on 5 July 1971, a few months after the deaths of two other rock idols, Jimi Hendrix and Janis Joplin, helped to make young people (and therefore their parents) aware of the dangers of drugs.
4. of which France supported a new candidacy for the EEC, after the two vetoes imposed by General de Gaulle in 1963 and 1967
5. It is interesting to note that from the outset a multidisciplinary approach is advocated, although the emphasis is clearly on law enforcement.

Chapter I.

1971-1980

Part 1. International context and challenges around drugs in the 1970s

Drug use

■ In the early 1970s, the use of cannabis and LSD was spreading rapidly, especially among young people. The rise of youth drug use was a new phenomenon in Europe. Up to the late 1950s, in the region, drug use was low and mostly related to a middle-aged population using alcohol or health professionals and war veterans using opioids. In the 1960s, however, cannabis and LSD use became deeply embedded in youth countercultural movements (1).

■ Youth and student civil rights movements started in the late 1960s, both in the United States and Europe. Young people united in favour of cultural transformation and political activism, aiming to free themselves from the previous generation's constraints. Socially critical protests took place against the then-current politics, capitalism and its mass consumption, western military involvement in the Vietnam War, fears about new subversive forms of fascism, and the events of May 1968 in Paris (2).

■ Drug use played an essential role in the 'underground scene' that emerged. Using drugs such as cannabis and LSD represented a revolt in lifestyle, characterized by hedonism and the search for self-realization, in contrast to competition and materialism. A more informal appearance – such as long hair, flowery and colourful clothing – was also part of the counterculture. In European cities such as Berlin, London and Amsterdam, most drug-using-youth were white, western, middle-upper class and educated (2), which helped to see them as victims of substances and drug dealers instead of criminals.

■ The tide changed when heroin use became established as a problem in many European cities (3). Contrary to the image of the hippie-rebel cannabis/LSD user, heroin users were seen as more of a threat and labelled in the press, the community and politicians as "junkies". Ideas of danger surrounding heroin were already in place for a long time, especially when its use was non-medical and concerned populations from a lower socio-economic class (4,5). In the 1970s, heroin junkies were framed as the scum of society, people whose drug habits could lead to crimes and further harm society (6). Indeed, heroin use and drug-related offences were on the rise in many big European cities, raising a moral panic and creating the idea of a heroin epidemic (2). Moreover, in 1971, heroin use by US soldiers in Vietnam had reached significant proportions by all estimates. With several soldiers returning home and some testing positive for heroin use in the previous days, concerns of an epidemic were serious (7).

■ Heroin became, thus, the main drug-related concern of the 1970s in Europe.

■ At the time, monitoring drug use mechanisms were not well developed yet in most European countries, and no common European monitoring mechanism was in place. Numbers and trends around drug use were still poorly known. Nevertheless, the existing national and local studies pointed to an increase in cannabis use among youths. For instance, in Sweden and Norway, a survey series among young people already showed the first wave of increased cannabis use in the 1970s (8).

Drug trade

■ If heroin use was one of the main drug-related concerns in Europe in the 1970s, the heroin trade was also not left behind. During the 1950s and 1960s, Europe produced and manufactured most of the heroin consumed in the region and the US. The increasing number of American soldiers who were becoming dependent on heroin were putting President Nixon under pressure. According to US narcotics experts, Europe was a major supplier of heroin to the US. More specifically, Marseille had become the centre for heroin processing. From the poppy fields in Turkey to the heroin refineries in Marseille, drug routes passed through Italy and Germany, and sometimes Belgium and the Netherlands before reaching the US (8). To the US, thus, fighting heroin trafficking implied interventions in and collaboration with European countries.

■ When Turkey, at the US's insistence, started banning poppy cultivation from its territory in 1973, Laos, Thailand and Myanmar (Burma), known as the "Golden Triangle", took on the task of satisfying global demand for opium and heroin. South-East Asian countries were growing over 70 per cent of the world's illicit opium,

with Chinese laboratories producing some of the finest heroin in the world (9). US interdiction efforts to stop the flow of heroin from Southeast Asia caused heroin from this region to search for new markets in Europe. Heroin supply to the US, in its turn, was assumed by Mexico, who had been supplying the US with licit heroin since World War II (10). When the “Golden Triangle” gradually fought against opium cultivation largely also under US pressure, effectively reducing its poppy fields, heroin production quickly continued in Afghanistan.

■ These shifts in the drug market are an example of the well-known “balloon-effect” in the drug trade: a temporary supply reduction in one place, due to repression, leads to higher product prices, which stimulates greater supply production in other areas to satisfy demand (11). As a result, as soon as one producing country bans or successfully represses the production of drugs, the production moves to another country, as a balloon that squeezed at one-point bulges out elsewhere.

■ The same balloon effect could be seen in the 1970s regarding cannabis production and trade. The growth in cannabis consumption in the US and Europe also triggered the development of extensive cannabis plantings in South America, first in Mexico and Jamaica. When the US promoted eradication programs in Mexico in the late 1960s, early 1970s, cannabis crops were gradually displaced to Colombia (12). Due to these fast adaptations of the drug market, many experts (e.g. 13) have concluded that international efforts to reduce the supply of illicit drugs have been ineffective. More than just displacement of crops, supply reduction interventions have also led traffickers to produce other illicit drugs, find other markets and/or engage in other illicit activities (10). Such efforts have also promoted severe unintended negative consequences such as corruption and violence in producing countries, besides increased price, and decreased quality of drugs, with more harmful effects for substance users.

Political Responses

■ On an international level, an addition to the United Nations’ *Single Convention on Narcotic Drugs* of 1961 was signed in 1971 in Vienna, Austria. At the International Drug Convention in 1971, called the *Convention on Psychotropic Substances*, the majority (but not all) of United Nations members signed a treaty outlined to control especially psychoactive drugs. These conventions (14,15) established as problematic the non-medical and non-scientific use of various substances. They criminalised their use and trade outside these purposes and strictly forbade those substances considered worthless for either medicine or science. The Single Convention on Narcotic Drugs of 1961 represented a shift from a market regulation towards a more prohibitive drug approach. It introduced penal obligations for signatory states to criminalise unlicensed production and trade of scheduled substances. This included the cultivation of opium poppy, coca and cannabis, substances whose use had been rooted in the social, cultural and religious traditions of many non-Western states for centuries (16).

■ The US was a major player in the international shift towards drug prohibition (17). Drug use was declared as public enemy number one by President Nixon, who got known as the responsible for starting the infamous *War on Drugs*. Nixon established the Drug Enforcement Agency (DEA) to stop the illegal production and trafficking of drugs in the US and set a harsh approach towards drug use and trade. The restrictive drug policy came under criticism due to its inefficiency in curbing drug use and supply, the violence resulting from its repressive actions, and the overcrowded prisons with relatively more African American inmates.

■ Already at the time, several national policy memoranda around the world seconded the criticism towards harsh prohibition, above all of cannabis, and advocated for more lenient approaches. In the US, for instance, a National Commission on Marihuana and Drug Abuse, known as the Shafer Commission, suggested that cannabis was less dangerous than other drugs and recommended decriminalizing its use (18). President Nixon firmly denied the recommendation. In the Netherlands, the Baan Commission also affirmed that the risk factor of cannabis use was relatively low and that subcultures of drug use should be separated. It advised decriminalizing the use and possession of cannabis (19). An even more audacious commission had previously recommended decriminalizing all drugs (20), but the Dutch government later accepted only the Baan commission’s recommendations. In Canada, the Commission of Inquiry into the Non-Medical Use of Drugs, known as the Le Dain Commission, recommended the decriminalisation of the use of all illicit drugs and the cultivation of cannabis for personal use. Trudeau’s government largely ignored the recommendations.

■ During the 1970s and well into the 1990s, most European countries did not have national drug policies (8). They also differed in their approach towards drugs. The UK’s *Misuse of Drugs Act* of 1971, for instance, classified drugs into classes A (the most highly regulated), B, and C (21). In France, a prohibitionist drugs policy adopted a strict, predominantly repressive narcotic law with the *Loi du 31 décembre 1970*, still in use today (22). In the Netherlands, the *Opiumwet* was reformulated in 1976 to distinguish between “hard” and “soft” drugs, with cannabis occupying the second category. Cannabis sale and purchase were tolerated, making room for

the (in)famous Dutch Coffeeshops, which mainly emerged in the 1980s (23). The aim of the distinction and tolerance of illicit substances' personal use was to avoid the criminalisation of those (especially the youth) using drugs, focusing on their social integration instead.

■ On the ground as well, countries offered distinct responses to drug use in terms of care services. The general mentality among EEC countries at the time, with a few exceptions (see 24), was that abstinence should be the primary goal of treatment (3). Opioid Substitution Treatment to people dependent on opioids was still controversial but was being used on a larger scale in three countries: the Netherlands, Ireland and the UK (25). In the UK, since the 1960s, heroin could be prescribed by doctors for those dependent on opioids (26). In London, about half of the people dependent on opioids were frequenting clinics for prescribed heroin (2). In Amsterdam, besides OST, low-threshold facilities were also available for people who use opioids (6). In Berlin, on the other hand, lack of an organised drug policy response meant that heroin use was handled mainly by the police, prisons, psychiatric clinics and self-help groups, whose main aim was for people to abstain from drugs (2).

Part 2. Pompidou Group in the 1970s

■ In the context of rising drug use among European youth, and North American pressure to curb heroin trafficking arriving in the US from Europe, French President Georges Pompidou led in 1971 the development of a European front to combat drugs (3). That represented the birth of the Cooperation Group to Combat Drug Abuse and Illicit Trafficking, also known as the Pompidou Group.

■ In his letter of 6 August 1971 addressed to the Prime Ministers of the five other countries of the European Economic Community (Germany, Belgium, Italy, Luxembourg, and the Netherlands) and the Prime Minister of the United Kingdom, Georges Pompidou expressed his alarm with the development of a drug problem in Europe and proposed a coordinated effort to fight drug trafficking.

"The spectacular development of drug addiction is very worrying. Although it first appeared to strike the United States, whose President stressed the need for vigorous action, it is certain that Europe is in turn affected by this scourge. Young people, in particular, are being attracted by a fashion that still has relatively limited aspects but is leading to the increasingly frequent use of dreadful narcotics whose effects are destructive of the personality when they are not fatal. There is a danger of incalculable consequences for our society and its future."

Excerpt of the letter of 6 August 1971

■ The French president proposed a coordinated, multidisciplinary and long-term action by the EEC governments through a "permanent body bringing together experts in judicial repression, the fight against drug addiction, public health and education"(27). Such an entity was intended to facilitate liaison between existing national structures responsible for combating drug trafficking and the possible creation of new systems to the same end. Three months after this first invitation, delegations from all invited countries met President Pompidou and the French delegation in Paris for a first meeting. The hosts described the drug problem as alarming and requiring urgent and strict measures. The proposed focus of the joint action was to fight the drug trade. As president Pompidou explained to other EEC members, curbing the illicit drug trade could protect European youth and rupture the illegal heroin supply to the US (3).

■ In December 1971, the newly created four commissions of the Pompidou Group - law enforcement, public health, education, and harmonisation of legislation - held a four-day meeting to launch the joint debate on drugs. In these discussions, it became clear that other EEC countries did not evaluate heroin use or addiction⁶ as urgent national problems despite the French perception of an alarming situation. The German delegation, for example, reported an increase in federal drug-related offences and an emerging illicit market but stated that drug use remained mainly limited to cannabis. The representatives of Belgium and Luxembourg indicated that drug addiction among young people existed but was not alarming.

■ Instead, the Group participants presented the drug problem as an increase in the use of cannabis by young people, linked to a growing countercultural movement. Drug use was described as a problem of adaptation, leading to the contestation of the dominant nature and norms, protest and the search for new experiences, which included drug use (3). During these initial discussions, Member States tried to find common ground

6. Nowadays, organized movements of people who use drugs recommend against the use of the term "addiction" for seeing it as labelling people as sick, disempowered, and unable to exercise agency, and self-determination. They recommend, instead, the use of "dependence". Similar recommendations are made regarding expressions such as "drug users", "drug addicts", or "problem drug use". (See INPUD language guidance "Words Matter! Language Statement & Reference Guide (2020)"). In the 1970s, however, "addiction" was the current term in use. For historical reasons, the terms used in documents, quotes, or meetings titles were kept as originally formulated. Language was adjusted for the rest of the text.

for collaboration by defining a common drug problem. Regardless of their differences, EEC countries agreed to fight drug trafficking in the region jointly (24).

■ In 30 September 1972, at the 1st Ministerial Conference, all states (except the Netherlands in first instance) approved the recommendations of the Pompidou Group for the creation of a drug-free European Economic Community (24). Regarding drug use, treatment and prevention had a goal of abstinence, but no common regulation was recommended to members. Instead, it was proposed to exchange experiences on different methods through meetings of experts, joint research, and study visits to different countries of the Community. In terms of the drug trade, recommendations were more robust and concrete, including restricting the freedom of movement of persons convicted of international trafficking; strengthening partnerships through Interpol; and increasing border controls (3). Most recommendations, thus, showed commitment to the fight against drugs.

■ In 1973, Denmark, Ireland and Sweden joined the Pompidou Group. Heroin consumption and drug-related offences were on the increase in many large European cities. The new drug problem was soon presented as a “heroin epidemic” also in the Pompidou Group. Thus, between 1973 and 1975, the Pompidou Group supervised regulatory interventions on two fronts: fighting against heroin and drug trafficking. In terms of therapeutic solutions, the Group members supported the multidisciplinary treatment of drug addiction, particularly in abstinence-based therapeutic communities and rehabilitation centres. Many members of the Group were wary/sceptical of Opiate Substitution Therapy, thinking it could discourage abstinence. At the 2nd Ministerial Meeting held in Paris on the 30th of September 1975, due to the complexity and diversity of national decisions, the Pompidou Group’s final recommendations regarding drug use were limited to the exchange of information, visits, and joint research. Again, greater attention and substantial efforts were devoted to the fight against drug trafficking (3).

■ In 1977, in the 3rd Ministerial Conference held in Paris on the 21st of November, the fight against drug trafficking continued to be the central regulatory intervention of the Group, but the focus of these interventions changed. Previously, regulations were planned for EEC countries, but now started targeting opium-producing countries (Turkey, South- East Asian countries), as agreed by Member States:

“It is generally agreed that several countries in South-East Asia and the Middle East due to lack of resources, poor legislation or insufficient political willpower, are not taking adequate measures against illicit production and traffic in drugs”
(Excerpt of the agreement, 21 November 1977) (28)

■ The new plan to combat heroin use and trafficking recommended coordinated diplomatic action against opium-producing countries to control the illicit trade by establishing partnerships with Interpol, customs, and United Nations organisations. Such action enabled the Member States to bridge European regional differences by having a common enemy outside European borders (3). A 4th Ministerial Conference was held on July 1978.

■ Until 1979, the Group operated without a formal status supported by the countries holding its presidency: France from 1971 to 1977 and Sweden from 1977 to 1979 (29). At the meeting of the experts of the Pompidou Group in Stockholm on 24 and 25 April 1979, the representatives of the Netherlands announced the idea of integrating the Pompidou Group into the Council of Europe. There was almost unanimous agreement on the need to preserve the specific character of the Pompidou Group, although all the participants, with the exception of France, were of the opinion that a formula had to be found to bring it closer to the Council of Europe. Such a rapprochement could take the form of either a special agreement with the Council of Europe, which would provide the Pompidou Group with a permanent secretariat while retaining its independence, or an association between the Council of Europe and the Pompidou Group under a “partial agreement”, or a full integration of the Pompidou Group into the Council of Europe. At the 5th Ministerial Meeting, held in Stockholm during the 12-13th of November 1979, the decision was taken to host the Pompidou Group within the political and legal framework of the Council of Europe as of 1980.

■ In March 1980, the Committee of Ministers of the Council of Europe adopted a resolution (30)⁷ establishing a Partial Agreement with the Council of Europe. The representatives of eleven signatory states - *Belgium, Denmark, France, the Federal Republic of Germany, Ireland, Italy, Luxembourg, the Netherlands, Sweden, Turkey, and the United Kingdom* - agreed that:

- ▶ An objective of the Pompidou Group should be to carry out a multidisciplinary study of the problems of drug dependence and illicit drug trafficking

7. Adopted by the CM on 27 March 1980 at the 317th meeting of the Ministers’ Deputies, amended by CM Res(80) 15 on 17 September 1980.

- ▶ The Group should maintain, within the Partial Agreement framework, the working methods that were already in use by them
- ▶ Any other member state of the Council of Europe, but also states which were not members of the Council of Europe, could be admitted to the group.

■ Although most of the signatory states of the 1980 Partial Agreement were members of the European Economic Community (except Turkey), they chose the Council of Europe as the institutional basis for their cooperation because it became apparent that drugs issues, which involve health, social and human rights aspects as well as cooperation in the field of security and justice, had multiple links with the Council's core activities. In addition, they envisaged extending their cooperation beyond Central Europe.

■ The resolution entrusted the Pompidou Group with the task of *"examining from a multidisciplinary point of view the problems of drug abuse and trafficking"*, while laying down its operating rules. It gave the Group the status of an enlarged agreement of the Council of Europe. In September 1980, the resolution was complemented to address the specific problem related to the payment of interpretation costs of the multiple working languages of the Group. The Group's articles of association have remained unchanged since then.

■ In November 1980, the Secretariat of the Pompidou Group was created within the Partial Agreements Division of the Council of Europe, under the Directorate of Economic and Social Affairs. The Secretariat, which exists until today, is a department of the General Secretariat of the Council of Europe, and it is governed by the Council's Staff Regulations and headed by the Executive Secretary. The secretariat provides the Group with the necessary organisational and practical support for the preparation, implementation, and facilitation of its activities, including the organization of meetings and budget management. It also stimulates synergy with other activities within the Council of Europe by keeping the governing bodies of the Pompidou Group informed of the practical and thematic links between the different sectors of activity.

■ As an advisory body, the Pompidou Group could only indirectly influence decision-making on drugs through its guidelines and recommendations. Nevertheless, as the only European discussion platform on drugs in the 1970s, the Group played an essential role in establishing the framework for a European drug control regime (3).

Chapter II.

1981-1990

Part 1. International context and challenges around drugs in the 1980s

Drug Use

■ In the 1980s, illicit drug use was on the rise in different scenes. Despite the still fragile national monitoring systems, an increase in the types of drugs available and the numbers of people using them could be noticed. In Europe, increased numbers of drug-associated deaths or the amount of drugs seized by the authorities served as a confirmation of an increasing drug problem. The side effects of increased drug dependence such as drug-related crime, the selling and using of drugs in public or loitering became more visible when compared to the 1970s, especially in big European cities (31). On the one hand, open drug scenes in which heroin was mainly used were present in different public spaces. One well known example was the Platzspitz park in Zurich, where heroin users would frequently gather, and which became known as the Needle Park⁸. Police attempts to disperse users resulted in them regrouping elsewhere (32). A similar example of open heroin use and failed police attempts to contain the scene was seen at the Zeedijk street in Amsterdam, in the early 1980s (33).

■ Besides the rise in problematic drug use, the 1980 also saw an increase of recreational cocaine use in upper and middle class night clubs, and at the end of the decade, the introduction of MDMA, first at rave parties and then also in the gay scene (34). The use of cannabis became less countercultural in this decade as well, and especially in the Netherlands, where the coffeeshops tolerating cannabis sale and use popped up in all larger cities (35). In Europe, however, the use of these drugs was not the main concern in the 1980s. In the US as well the recreational use of cocaine was rising (since the 1960s), engrained into the music scene with popular white rock singers and celebrities. Well in the 1970s, cocaine was perceived by the US population, government, and many experts as a “soft drug of the elites” which did not result in serious consequences. The tide changed in the 1980s, when cocaine entered low-income African American markets in a cheaper and smokable freebase form – crack cocaine (36). By 1985 crack was beginning to be used extensively in some specific urban areas and neighbourhoods in the country, and the press conferred it prominent coverage. Narratives around cocaine changed to transform it into from a harmless recreational drug into a menacing drug inciting violence and crimes. This triggered a drug “panic” in the US, with public concern about drug use exploding, especially regarding crack cocaine, although NIDA reports from 1988 showed a prevalence of only 1% of crack cocaine use among the population (37).

■ From the 1980s onwards, more European countries started developing national surveys to map drug use. An attempt to assess the prevalence of drug use in West European countries on a national level showed that, in most countries, the lifetime prevalence for either cannabis or illegal drug use ranged between 5 and 10% during the 1980s. This was the case of West Germany, Netherlands, UK, Sweden, France and Austria. Switzerland, Denmark and Spain had comparatively higher figures, ranging between 15 and 25% (38). Such numbers, however, were still below the rates found in the US, where, in 1988, 33% of the population of 12 years and older had tried cannabis at least once and 11% had tried cocaine (39). Availability, type, and quality of data varied enormously, however, making it difficult to draw comparisons between countries.

■ Throughout the decade, injected continued to be the drug raising the most concerns and being the drug that is being abused the most in Europe. Several European countries faced a raise in injecting heroin use, leading to serious health consequences such as drug overdoses or HIV/AIDS, especially from the mid-1980s on (40,41). People who inject drugs (PWID) accounted for the largest and an increasing proportion of HIV cases in Europe. In the mid-1980s, an HIV prevalence of over 40% were found among PWID in several western European cities such as Edinburgh, Milan, Madrid, and Valencia (42). A study among injectors in Glasgow, for instance, found that they were 22 times more likely to die than their peers in the population, and that those living with HIV were at an even higher risk (40).

■ The HIV/Aids epidemic among PWID, in the mid 80's, played an important role in developing and establishing what became known as a harm reduction approach. The approach focuses on reducing the harms caused by drugs use and trade rather than expecting to ban them completely from society; drug use is not

8. Also alluding to an experiment started in 1987, when the the government decided to tolerate drug use and sales at the park, and at the same time offer clean needles to curb HIV/Aids rates among injectors

seen as a crime, but as a social-health problem (43). The rising incidence of drug use and the potential further spread of HIV lead several European Member States to adopt, mostly over the late 1980s and 1990s, a variety of harm-reduction measures (see political responses) (44).

Drug Trade

■ In the early 1980s, the volume of cocaine and heroin seized in Europe was almost negligible when compared to current numbers: around 2 tonnes of heroin and a few hundred grams of cocaine. Between 1983 and 1993 the seizures of both drugs rose drastically above all, in the second half of the decade. By 1990, reported seizures mounted to 5 tonnes of heroin and 10 tonnes of cocaine (45). Although drug seizures cannot be directly translated into drug trafficking numbers and drugs availability, they most likely indicate that the trafficking of both drugs was on the rise in the region.

■ Heroin produced in South-East Asia, was entering Europe via the Balkan Route, with Turkey and Bulgaria being major transit countries. Higher seizure weights of cocaine in Portugal and Spain probably indicated that cocaine was entering Europe via these countries through transatlantic traffic from South America, a region with linguistic and colonial ties with Portugal and Spain (45). The rise of cocaine in Europe may, perhaps, be partially explained by a saturation of the US market, with traffickers moving to the unexplored European market (45).

■ In the US, the popularity of cocaine kept the demand growing, and drug cartels followed up by delivering large supplies to US-States such as Florida, New York and California (46). Having started already its establishment in the 1970s, by 1980 the three major clans of Colombian traffickers (Medellin, Central and Cali) were collectively responsible for smuggling more than one hundred tons of cocaine a year in the US (36). Poverty and bad agrarian policies had already been forcing South American peasants from Peru and Bolivia to invest in coca plantations and produce coca base paste. Colombians entered the game to refine it into cocaine hydrochloride and smuggle it into the US. Ironically, the militarizing eradication campaigns declared by Reagan in 1982 led to spiralling growth of cocaine production (which doubled between 1982-1986), lower prices and increased violence. Besides, repression towards Colombian cartels led to the rerouting of cocaine smuggling to north Mexico (36,47).

Political Responses

■ The 1980s were a busier decade regarding European collaborative efforts towards drug policies than the 1970s. The establishment of the Schengen Agreement in 1985 and the later Schengen Convention of 1990 guaranteed free movement of persons inside EEC territory. This brought along a stronger cooperation and coordination between police services and judicial authorities from the country members, to guarantee security within the area. To better control cross-border crime, a decision was made in the EEC to harmonize policies on arms, explosives, hotel registration procedures, and also drugs. Harmonization of drug policies, however, proved not to be easy, given the different approaches of country members (48,49).

■ No common drug policy existed in Europe; similar to the 1970s, also in the 1980s different states proposed different solutions to the drug problem, both in terms of policies and legal system. The Netherlands was considered the most liberal, having regulated cannabis sale and not prosecuting drug use. Cannabis and heroin use were also tolerated in Spain, and cannabis only also in Italy and Denmark. Germany, UK, France, Norway and Sweden, instead, had more repressive policies towards the use of cannabis and heroin. (38)

■ In search for solutions, in 1985 the European parliament set up the Stewart Clark committee to investigate drug problems in the EEC countries. The Stewart Clark committee was intended to gather information and draw recommendations for action-taking, to be presented to the European Commission and Council. The committee, however, had difficulties in reaching an agreement due to opposing views: a prohibitionist approach, led by UK, contrasted with a pragmatic and harm reduction approach, led by the Netherlands. The final report, published in 1986, chose a more repressive direction, recommending rejecting harm reduction options for handling drug use and dependence such as Opiate Substitution Therapy, Needle and Syringe Exchange Programs, and cannabis legalization, although favoured some easing with cannabis use (partially based on the Dutch approach) (50).

■ Like the committee's recommendations, the answer of the European Council was to reaffirm the UN conventions, the illegality of drugs, and criminal law to deal with the drug problem. Although the political solution of enforcing the UN conventions did not guarantee harmonization, it set the countries under a common umbrella of international drug control agreements (49). A new important piece of the international drug control system was also set in the 1980s - the *United Nations Convention against illicit Traffic in Narcotic Drugs and Psychotropic*

Substances, set in 1988 in Vienna. This treaty further tightened the international fight against drug trafficking, obliging member states, among other things, to confiscate profits and goods acquired through illegal trade.

■ Despite the more repressive direction of the international treaties and recommendations of the European Commission and Council, several European countries explicitly adopted harm reduction strategies from the mid-1980s onwards (51). As already mentioned, the choice had straight links to the rising HIV epidemic among PWID. The availability of the HIV test in 1985 helped making visible how far HIV had spread among drug-injecting populations. This prompted a relatively rapid diffusion, across European countries, of harm reduction services such as Opioid Substitution Treatment (mostly methadone), and Needle and Syringe Exchange (52). Needle and Syringe Exchange Programs (NSP) prevented the transmission of viruses and diseases like HIV via the distribution and exchange of sterile syringes and safer injection methods. Opiate Substitution Treatment (OST) helped people with an opioid dependence to either stop opiate use or have a more structured and healthy life.

■ OST via methadone maintenance treatment was available for heroin users in Europe since 1967, starting as a pilot in Sweden and followed shortly by the Netherlands (1968), the UK (1968), Denmark (1970), Finland (1974), Italy (1975), and Portugal (1977). For several of these early adopters, the 1980s saw a rapid increase in OST prescriptions, as the case of Denmark, where prescriptions doubled after a decade (41). In the 1980s, OST was introduced by Spain (1983), Austria (1987) and Luxembourg (1989) (52). Numbers further accelerated in the 1990s. The NSPs first emerged as a response to HIV in the mid-1980s. By 1987, Denmark, the Netherlands, Malta, Spain and the UK had officially adopted them as a public-health measure (44). Moreover, the world's first official⁹ Drug Consumption Room (DCR) was opened in Bern, Switzerland (53). At the end of the decade, in 1990, the first International Conference on the Reduction of Drug Related Harm, was held in Liverpool, UK, helping consolidate an international harm reduction movement and brand harm reduction as a public good (51).

■ Even though the HIV epidemic pushed the development of harm-reduction, this did not mean that a more restrictive approach towards drugs was left aside. In 1989, for instance, a new committee to combat drugs was proposed by the then president of France, Mitterrand - The European Committee to Combat Drugs (CELAD). The committee was made up of a group of individuals appointed as coordinators of national drug policies in the member states. Back then, countries like Germany, Italy, France, Portugal and Spain had already national drug policy coordinators. CELAD was established outside the formal European framework, and without formal powers, but since it had direct links to heads of European Council, it managed to be very influential having, among others, contributed to build two action plans to combat drugs in the early 90s (49).

■ In the US as well, the American president then, Reagan, continued Nixon's *War on Drugs* strategy of the 1970s, focusing on curbing drug cultivation and importation into the country. That meant installing and expanding anti-drug forces like the Drug Enforcement Agency (DEA), which mainly operated in South and Middle America to fight drug lords and uncover illegal drug trafficking routes used by the drug cartels (46). In 1986, the US Senate approved a drug bill with stiffer federal sentences, including death penalty for drug kingpins, increased spending for treatment programs, and penalties against drug-producing countries which did not cooperate in US-sponsored drug eradication programs. Also at the local level, concerns and moral panic around the (crack) cocaine epidemic led several mayors and governors from states like New York and California to call for severe penalties towards drug trafficking, including life imprisonment for as little as 3 vials of crack cocaine and death penalty for a kilogram; moreover several companies required drug testing for employees (37). If during the 1970s, 11 states had decriminalized small-quantity cannabis possession, during the 1980s, this came to a complete standstill. Within the context of a crack cocaine epidemic, it was very difficult to implement any programs that appeared to "condone" drug use. Only in the late 1980s, syringe exchange programs began at the state and local level in the US to curb the HIV/Aids epidemic among those injecting (54).

Part 2. Pompidou Group in the 1980s

■ Following the turmoil of the decade, the Pompidou Group has debated a wide variety of topics during the 1980s and trying to contribute to solutions in several fronts. Drug trafficking played a big role in the discussions of the Group, including efforts to control drug trafficking on the high seas, control services at major European airports, and fostering European co-operation in the control of drug traffic (more specifically on tracing and seizing the assets of drug traffickers). Specially the last topic was considered for inclusion in the 1988 United Nations convention against illicit traffic in narcotic drugs and psychotropic substances (55).

9. Unofficial or semi-official initiatives of tolerated drug use at drug counselling facilities or youth services were reported from the Netherlands in the early 1970s (the Prinsenhof and the HUK) and from Switzerland (Fixerraum-experiment) in the early 1980s.

■ Besides the focus on drug trafficking, several discussions took place regarding drug use related problems in the 1980s. Examples of that were debates around how to handle people dependent on drugs in prison (including therapeutic demands and security needs), methods to prevent young people at risk from becoming dependent on drugs, cannabis use in Europe, how to handle the care of “hard-core dependents”, how to handle pregnant women who are dependent on drugs and the rising rates of HIV among people using drugs. Such issues were discussed, for instance, at the 6th Ministerial Conference in November 1981. Similar to the 1970s, opinions on the best ways to handle the problems (or even what was considered as a problem regarding drug use) varied across country representatives partaking in the Group. Regarding “hard-core dependents”, for instance, options debated included full-time residential care, non-voluntary admission to treatment programmes, and harm reduction programmes (such as Opioid Substitution Treatment). Although no particular conclusions could be reached in terms of preferred treatment, the Pompidou Group provided the crucial space and opportunity for country representatives and drug treatment professionals to meet and exchange views and experience (55).

■ A vital discussion of the Group in the 1980s concerned the development of a monitoring system for the assessment of public health and social problems related to drug use. *This was perhaps the key contribution of the Pompidou Group in the 1980s regarding drug use, as it helped to initiate the first steps of a monitoring system for drug use and trends in Europe.* In the 1980s, many European countries noted a lack of reliable and comparable information on drug use and dependence, which made it difficult to assess and compare the extent and nature of drug use and dependence across countries. At the 6th Ministerial Conference of the Pompidou Group, a decision was taken that ‘*the development of administrative monitoring systems for the assessment of public health and social problems related to drug abuse*’ was a priority (56). As a follow up, a working group of experts in drug epidemiology was appointed by the Pompidou Group in 1982 to examine the scope for European co-operation in epidemiological research.

■ The PG working group recommended a simultaneous study in a number of major European cities using similar methodology, as well as a co-ordinated survey of school populations. The group carried out a comparative epidemiological study of drug abuse indicators in seven European cities: Amsterdam, Dublin, Hamburg, London, Paris, Rome and Stockholm (57). Epidemiology experts agreed that an approach based on cities was more feasible than an approach involving entire countries. At the national level, the situation is much more complex and could be less easily interpreted and, besides, it is often in large cities that new drug trends are first observed. The study aimed at improving the quality, usefulness, and comparability of drug abuse indicators in Europe. More specifically, it aimed at clarifying indicators of drug misuse in the different cities in order to identify and compare the nature and extent of the problem while taking into account different cultural and policy-related contexts, thereby improving understanding and interpretation of such data within Europe. The main focus of the multi-city study was on more harmful, problematic drug-taking such as frequent drug use, injecting and heavy multiple drug use. Improving the quality of indicators reflecting the medical, social, and legal consequences of drug use was considered important as they related to the graver aspects of drug use and were already used by many countries as a basis for deciding whether, and in what ways, intervention was needed.

■ The working group of epidemiological experts met nine times between 1982 and 1986 and results of the multi-city study were completed in the autumn of 1986, and published in a report short after (57,58). The report presented a drug situation in each city, including a description of the legal, social, and medical policies and facilities found in the cities. Moreover, it included a technical critique of various indicators used to assess and monitor drug misuse and a discussion of the extent to which it was considered possible to develop a comparable assessment within Europe. The report also provided recommendations on how monitoring of drug misuse could be improved. A crucial recommendation in this regard was to develop a single organizational unit to integrate and analyse data and epidemiological studies and to discuss different models for achieving this. This recommendation was taken up later on to culminate in the development of the European Monitoring Centre for Drugs and Drug Addiction, established in 1993.

■ Another important development initiated by the working group of epidemiological experts related to school surveys for monitoring drug use trends among youth. During the 1980s, the group worked on producing an instrument survey which could enable countries to compare the use of substances in student populations. A questionnaire was tested by eight countries in a pilot study in 1986-1988. Due to differences in the sample size, socio-cultural context, target age groups and timing of data collection, the data were not yet directly comparable between the participating countries. However, the pilot study demonstrated that the questionnaire was reliable and valid for use in Europe. The questionnaire and studies were further developed in the 1990s through the ESPAD project (see chapter 3) (59).

■ The valuable work of the Pompidou Group in the field of drug use and dependence in the 1980s was also recognized by the EEC. In 1985, the European Council asked the European Commission to provide support for the Pompidou Group in order to boost the action it was taking in the context of prevention of and research into drug dependence, besides its early monitoring activities on drug consumption. At an informal meeting on October 1986, the Ministers of the Interior of the Member States again requested the Member States and the Commission to support the activities of the Pompidou Group, especially regarding the improvement of treatment and rehabilitation for those dependent on drugs (60). If in the 1970s the Pompidou Group developed itself in the first joint European effort to discuss and debate drug policies, in the 1980s it provided a much-needed space to freely discuss and promote innovation, especially in the drug use field. Such contributions ranged from discussing and studying different possible types of prevention and treatment to developing studies that would set the building blocks of a monitoring system for drugs in Europe.

■ The Pompidou Group lost its unique position in the European debate on drugs from mid-1980s on, when other drug related groups and committees mushroomed across the European Community. Nonetheless, it remained a crucial actor in the field and kept growing. During the 1980s, the Pompidou Group held 5 Ministerial Conferences - November 1981 and September 1984 in Paris, January 1987 and May 1989 in London, and November 1990 in Strasbourg) – besides numerous meetings of working group. By the end of the decade, the Pompidou group was composed of 20 members, having added no less than 9 additional countries (Greece, Norway, Portugal, Spain, Switzerland, Finland, Austria, Malta and Cyprus) to the 11 initial signatories of the partial agreement (55).

The integration of the Pompidou Group within the Council of Europe

by Christian BRULÉ,
the first Executive Secretary of the Pompidou Group

The first Executive Secretary of the Pompidou Group (1980-1985), Dr. Christian Brulé chaired the European Committee of Experts in Epidemiology as well as the Working Group on Drug Trafficking in International Waters. A few years later, he became President and Founder of the "Association de Prévention du Site de La Villette" (APSV) and of the International Institute for Drug Control (IFLD). After his retirement, he worked as a part-time consultant for the General Secretariat of the City of Paris to study and make proposals in the fields of prevention, security, and the reception of homeless youth.



■ In the 1970s, the Pompidou Group was the only organization of its kind in Europe that dealt with all areas of drug control, including the work of police and customs authorities, as well as work on prevention, treatment, rehabilitation, epidemiology, and research.

■ By the end of the decade, the Pompidou Group was at a crossroads. It has proven its relevance and usefulness, while expanding from 7 to 10 countries (Denmark, Ireland and Sweden having joined the seven founding member states). But it needs an institutional anchor to ensure its long-term stability. At the 5th Ministerial Session, held in Stockholm, Sweden, on 12 and 13 November 1979, it was decided to house the Group under the aegis of the Council of Europe, using the institutional flexibility provided by the Statute of Partial and/or Enlarged Agreements.

■ In March 1980, the Committee of Ministers of the Council of Europe adopted a resolution establishing the "Co-operation Group to Combat Drug Abuse and Illicit Trafficking" as an enlarged partial agreement of the Council of Europe, while retaining the name "Pompidou Group" to honor its initiator. The representatives of eleven countries (Turkey joined the Group on this occasion) reaffirmed that the working methods the Group had used until now would continue to be applied under the new Partial Agreement.

■ This essentially meant that the governance of the group would continue to be entrusted to permanent correspondents appointed by the member states, while the strategic orientations would be set at ministerial meetings held every two years. One thing proved unrealistic, however: it was to continue the previous practice of using all the official languages of the member states (at the time, German, English, French, Italian, Dutch, Danish, Swedish, and Turkish). Therefore, only a few months after the founding resolution, an amending resolution was adopted, bringing the Pompidou Group in line with the general language policy of the Council of Europe, with only two official languages (French and English).

■ Another major development was the establishment of a permanent Pompidou Group Secretariat within the Secretariat General of the Council of Europe to provide the Group with the organizational and practical support necessary for the preparation, implementation, and facilitation of its activities. This Secretariat was established in November 1980 within the Directorate of Economic and Social Affairs of the Council of Europe. I was appointed as the first Executive Secretary of the Pompidou Group on secondment from the French government, a great title for a structure that had as staff, apart from myself, only a part-time secretary! Very quickly the secretary became full time and then I was given an assistant who was in charge of managing the finances. This was the entire staff for four years. A small team that got along very well, very coherent, complementary. We had to imagine and create everything: decide on the rhythm of the meetings, the content, the priorities, the means to be found and implemented.

■ One of the most important activities that the secretariat and the permanent correspondents had to carry out at that time was the preparation of the next ministerial conference (the sixth since the creation of the group, but the first since its integration into the Council of Europe). This conference was held in Strasbourg on 12 and 13 November 1981, under the chairmanship of the French Minister of National Solidarity, Nicole Questiaux.

■ During the meeting, the ministers proceeded to a complete examination of all the problems involved and then addressed the following topics:

- ▶ The development of addictions in Europe
- ▶ International cooperation in the fight against illicit trafficking
- ▶ Taking care of highly addicted people
- ▶ Abuse of psychotropic drugs

■ At this meeting, priority areas were identified in which further research at the European level would be useful:

- ▶ European cooperation in the fight against illicit trafficking
- ▶ Problems related to the repression of drug use
- ▶ Problems related to the imprisonment of drug users
- ▶ Care of highly dependent persons and problems related to personnel providing medical care and rehabilitation services
- ▶ Balance between legitimate supply and demand for opioids
- ▶ Exchange of information on research in Europe
- ▶ Precursor Control
- ▶ Development of national administrative monitoring systems for the evaluation of social and public health problems related to addiction.

■ The Permanent Correspondents discussed the subject of European cooperation in the fight against illicit drug trafficking and problems related to addiction reduction. Regarding the problems associated with the imprisonment of drug users, the Group was informed of the work carried out by the Directorate of Legal Affairs of the Council of Europe, which organized a seminar on drugs and prison in December 1982, in cooperation with the Italian authorities. The problems associated with imprisonment of drug users were also discussed at the symposium on the management of chronic drug users, organized by the Group from 14 to 16 March 1983. Participants in this symposium included specialists from 10 of the 13 member states and several officials from relevant ministries. The United States participated, and the International Council on Alcohol and Addictions was also represented.

■ After its integration into the Council of Europe, the Pompidou Group continued to grow. In 1985, when I left my post, it had 16 member states, with the successive accessions of Greece, Norway, Spain, Portugal and Switzerland. Four more countries joined in the second half of the decade: Finland in 1987 (even before it joined the Council of Europe itself), followed by Austria and Malta in 1988, and finally Cyprus in 1989. On the eve of the fall of the Berlin Wall, which was to radically change the geopolitical landscape of Europe, the Pompidou Group thus brought together almost all the countries of Western Europe: an undeniable success!

The Pompidou Group through four decades

by Claude GILLARD,
adviser at the Belgian Ministry of Justice

Claude Gillard is a legal adviser at the Belgian Ministry of Justice.

On the international level, he has been involved in the work of the Pompidou Group since 1986. In particular, he has taken part in all ministerial meetings since then and in meetings of the Permanent Correspondents. He has chaired several working groups on criminal jurisdictions, driving under the influence and diversion of precursors. He also participates in the work of the European Union and the United Nations in the field of drugs, as well as in the work of Interpol at the global level. He is also a member of the Management Board of the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA).



■ As I have been involved in the work of the Pompidou Group without interruption since 1986, i.e. 35 years out of its 50 years of existence, I thought it would be interesting to look at its development, its strength in continuity and stability, and the challenges it faces towards its centenary.

■ President Pompidou's initiative was launched on 6 August 1971. From the outset, the participants were aware of the importance of having political leverage to support the action.

■ The first ministerial meeting took place a year later in Rome on 30 September 1972. The other pillar identified very early on was to be based on national contact points which would meet twice a year and develop privileged links. The Ministerial Conference of 30 September 1975 decided to create what are still called Permanent Correspondents, who held their first meeting in Strasbourg on 4 and 5 December 1980.

■ If the Pompidou Group has been able to achieve such stability, it is thanks to the characteristics that gives it strength and vigour:

1) *The ministerial relay is essential to give it impetus and legitimacy.*

■ The rhythm of once every four years is adequate to maintain its exceptional character. The ministers of the European Union meet regularly but each in their own sphere of competence (Justice, Home Affairs, Health, Foreign Affairs). The Pompidou Group is the only one that brings together all the ministers responsible for drugs from different backgrounds. Venues for ministerial meetings are also important. In my opinion, the best meetings have been held in remote locations where ministers had more difficulty "escaping". Let us remember the ministerial sessions at the Palacio de la Pena in Sintra in Portugal or in Tromsø in northern Norway in the Arctic Circle.

2) *The undeniable added value of the Pompidou Group is its multidisciplinary approach to its work.*

■ Those of the European Union run in parallel: police officers meet each other, customs officers on the other side and the health sector again separately. The Horizontal Group on Drugs tries to make the link, but it does not meet at expert level. The working groups of the Pompidou Group bring together experts from all fields. This European dynamic often also has positive repercussions at national level. For example, the topics of controls at airports, the fight against precursors, driving under the influence or the role of the criminal courts make it possible to consider the entire criminal chain from investigations, seizures and prosecutions to convictions and the enforcement of sentences. Meetings involving the collaboration of the private sector, such as express courier companies, chemical and pharmaceutical companies are also a unique strength of the Group. In addition to these different public and private sectors, it also allows the involvement of politicians, practitioners, and scientists. This multidisciplinary approach is practised in all sectors of activity in training, prevention, and other working groups. The geographical contribution and enriching experiences of the MEDNET network should also be highlighted.

3) *If the Pompidou Group has been able to develop this expertise it is thanks to a small but dynamic, competent, and dedicated secretariat.*

■ Despite its small team, the secretariat provides indispensable support for the Group's presidency and permanent correspondents in their decision-making responsibilities, as well as for the working group chairs in drawing up agendas, identifying all the speakers (often more than 20 per session) and ensuring follow-up. Successive executive secretaries have always ensured the cohesion of the work. The risk to be avoided is developing specific positions, especially since the personnel made available to the Group are subject to the operating rules of the Council of Europe, of which it is an integral part.

■ Over its 50-year history, the Group has undergone major changes, especially in its geographical sphere. President Pompidou's initiative was initially aimed at 7 countries. Many Western countries quickly joined and played a major role in the work, either by chairing permanent correspondents, such as the United Kingdom for example, or by initiating or leading working groups. In particular, Germany played a major role in certain areas for many years. The Group very quickly became aware of the importance of opening up to the East. Following the fall of the Berlin Wall on 9 November 1989 and the collapse of the communist regimes, the Pompidou Group fully associated itself with the decisions taken by the Council of Europe in the face of this major development. Thus, the first pan-European ministerial meeting on drugs was organised as early as 9 May 1991 in Oslo under the Norwegian Presidency.

■ However, the geographical evolution was not all positive. Several European Union countries decided to leave the Group for various reasons. The absence of Germany, the United Kingdom, Spain, the Netherlands, and Denmark is undeniably a weakening. Fortunately, mutual interest makes it possible to continue working together in certain working groups, because what would be the point, for example, of working together in the aviation sector if Heathrow, Frankfurt, Schiphol, Copenhagen, or Madrid were no longer included?

■ At the dawn of its second half-century of existence, the challenges are many:

- ▶ As regards the geographical challenge, it is twofold. The countries that have left the Group must be convinced to join it again. The other aspect is to avoid uncontrolled geographical expansion. Its epicentre must remain the headquarters of the Council of Europe in Strasbourg.
- ▶ The language barrier is a real obstacle. The operating rules of the Council of Europe provide for the use of only two official languages. This choice allows for more flexibility but often prevents the active participation of experts in the field who are not sufficiently fluent in English or French. Furthermore, care must be taken not to establish hegemony of one of these languages over the other.
- ▶ Efforts should continue to involve the Permanent Representations in Strasbourg more closely in the work of the Group. Ambassadors should be informed of the participation of their experts and their interest in the work.
- ▶ The current review of the mandate will certainly be an opportunity to re-interest these States and to question the scope of its work. However, care must be taken to ensure that it remains focused on its essential tasks relating to drug policies and action to be taken on both supply and demand.

■ Above all, it is also necessary to preserve the "spirit of Strasbourg", which is based on collaboration and consensus.

Chapter III.

1991-2000

Part 1. International context and challenges around drugs in the 1990s

Drug Use

■ In the 1990s the use of heroin reached a plateau in many European nations, while the use of recreational drugs was on the rise. Injection drug use and its associated risks of acquiring HIV, however, continued to be important concerns, together with public nuisance caused by drug use.

■ “Open drug scenes” were documented in several European cities and internationally, with differing characteristics in terms of visibility, size, and site. Cities such as Zurich, Rotterdam, and Hamburg, for instance, had a large and permanent concentration of users at one focal point, often in the inner-city area. In cities like Amsterdam, Barcelona, Vienna, and Munich, on the other hand, the scene was dispersed, with small concentrations of users at various places (inner city, transport nodes, degraded residential districts). Finally, in cities like Toulouse, Kensington and Chelsea, the scene was hidden, with no visible concentration of users, although it was possible to see used needles in public places. In many of the cities, public nuisance was considered the main problem caused by these open scenes, and the incentive for intervention (61). The economic situation, more than the drug policy chosen, seemed to be an important factor regarding the number of people in vulnerable situations and addicted to drugs. A comparative study from 1998 showed that both countries with more extremely liberal (as the Netherlands) and repressive (as Sweden) drug policies had similar prevalence rates of people addicted to drugs in the 1990s (around 16 per 10000). European countries which, in comparison to those, were less economically developed, however, had higher rates of dependence - Italy and Spain (30/10000), Greece (35/10000) and Portugal (45/10000). Most of these last countries had also high unemployment rates, especially among youth (62).

■ In several western European countries, the incidence of HIV acquired through injection drug use started declining in the 1990s, following high rates in mid-1980s. Nevertheless, injection drug use still played a major role in the spread of HIV in Europe. A study from 1995, found that people who inject drugs (PWID) corresponded to 43% of all cumulative Aids cases in the region. 90% of the Aids cases associated with injecting drug use were concentrated in south-western European countries such as Spain, Italy, Portugal, and France. Both in Italy and Spain, as much as 2/3 of the whole population living with HIV were PWID. Besides, in cities like Warsaw and Belgrade, an HIV prevalence of over 40% was found among PWID. A difference between western and central and eastern Europe was visible. During the first half of the decade, HIV incidence increased at an average annual rate of 11%; in central and eastern Europe, the increase was over 23%. Moreover, by mid 1990s, large HIV outbreaks were being detected among PWID in former Soviet Union countries such as Ukraine (42).

■ Besides the open drug scenes of people addicted to drugs and the HIV/Aids outbreaks among those injecting, the drug use context in Europe in the 1990s also brought a steady rise of recreational drug use. Continuing a movement which started in the (late) 1980s, MDMA use got further established in the 1990s, especially among youth and in the context of electronic dance music scenes. Cannabis use was on the rise too. The creation of the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) in 1993 as a European agency based in Lisbon, Portugal, was a crucial event in this decade, further developing the work initiated in the Pompidou Group in the 1980s to increase the availability of comparable data on drug use trends across European countries. The EMCDDA was the first European agency with a factual and objective overview of European drug problems and a solid data base to support the debate on drugs. Created under EEC Regulation No 302/93 of 8 February 1993, amended on 22 December 1994, the EMCDDA became fully operational in 1995, starting with a staff of 17 people (63).

■ The first EMCDDA's reports, published in the 1990s, described that cannabis continued to be the most widely used drug, with substantial increases in use across the decade, especially among youth and in the context of experimental and recreational use. In 1999 at least 15 million Europeans (6% of those aged 15-64) had used cannabis and at least 45 million (18% of those aged 15-64) had tried at least once. Among younger groups the numbers were much higher: about 25% of those between 15-16 years old and 40% of those aged 18. Amphetamines and MDMA (ecstasy) became the second most commonly used drugs in Europe in this decade. Between 1 and 5% of those between 16-34 had taken amphetamines and/or MDMA in 1999, and by the end of the decade, synthetic drugs use was continuously spreading from large dance events to smaller clubs,

bars, and private settings. Recreational powder cocaine use was also on the rise and, among the population addicted to heroin, the use of crack cocaine started to be noted. When it comes to heroin, both dependence and use seemed to remain stable, with known users being mostly an ageing population with serious health, social and psychiatric problems. Some use of heroin, however, could be noted among young groups (64). Again, a noticeable difference could be seen between western Europe and the then new accession countries to the east, such as Albania, Latvia, Estonia, Czech Republic, Hungary, Poland, Slovakia and Slovenia. In the eastern countries, consumption of heroin continued to increase, along with an increased trend in injecting drug use, and a higher use of amphetamine in some countries (64,65).

Drug Trade

■ At the very end of the 1990s, the United Nations Office for Drug Control and Crime Prevention started publishing its annual “World Drug Report” to monitor the global trends in illicit drug supply and trafficking, as well as drug demand. At the same time, also the EMCDDA started including in its annual reports on Drug Trends in Europe a few drug market indicators such as drug seizures, price, and purity.

■ According to the EMCDDA, the quantities of cannabis and cocaine seized in Europe increased markedly in the 1990s, above all in the second half of the decade (64). Eight countries (Belgium, France, Germany, Italy, Netherlands, Portugal, Spain, and the UK) accounted for the vast majority of all cocaine seized in Europe in the early 1990s¹⁰: 97% in 1992 and 92% in 1993 (45). More than 98% of the global coca leaf cultivation was concentrated in Colombia, Peru, and Bolivia, with marked displacements in production between these countries along the decade, mainly due to attempts to suppress drug trafficking. Most of the cocaine manufacturing was done in Colombia, and cocaine ready for consumption was entering Europe either via Venezuela or the Caribbean, or from Peru and Bolivia to Brazil and via western or Southern Africa (66).

■ In the case of heroin, overall both the number of heroin seizures and the quantities involved stabilized throughout the EU in the 1990s (64). Globally, the illicit production of opium was growing exponentially since at least 1982, and reached a plateau around 1996 (66). If opium production decreased in countries such as Pakistan, Myanmar, Thailand, Laos, and Vietnam, it increased in other such as Afghanistan and Colombia. By 1990, Afghanistan became the world’s largest producer of illicit opium, being responsible for 79% of all global illicit opium, with Myanmar in second place. Afghanistan was the main source of heroin both in Eastern and Western Europe. Some opium production also occurred in Latin America, more specifically in Colombia and Mexico, and was destined for the US heroin market (67).

■ In Europe, synthetic drugs such as amphetamine and MDMA showed a rise in seizures up to the late 1990s. By 1998, the Netherlands and the UK accounted for the greatest quantities of amphetamines seized, while the largest quantities of MDMA were found in the UK, followed by the Netherlands and France. Despite the increased seizures, the prices of both drugs declined along the 1990s (64). Worldwide, also East and South-east Asia and North America saw a steep rise in trafficking of Amphetamine Type Stimulants (ATS). In the case of MDMA (ecstasy), Europe was the main source of the drug, which was then trafficked to North America, East and South-East Asia, West Asia, North and South America and southern Africa (66).

Political Responses

■ The 1990s were of great importance for European politics and the goal of a united Europe. The *Maastricht Treaty* establishing the European Union (EU) was signed on 7 February 1992 and came into force on 1 November 1993. In addition to economic and monetary union, it was decided that foreign and security policy would be coordinated jointly, as well as domestic policy. The EU’s common coordination policy ultimately had an impact on a Europe-wide drug policy. The Schengen Treaty, signed in 1985 and coming into effect in the 1990s, had already led to new fears about international smuggling with the opening of borders. *The Maastricht and Amsterdam Treaties* gave the EU new powers in the field of drug policy. Cooperation in the fight against drugs increased at European level, and so did the pressure for drug policy harmonisation in Europe.

■ In the early 1990s, CELAD (the group formed in the late 1980s) drew up the first and second European Plan to Combat Drugs, which were adopted by the Council of Ministers in 1990, and 1992 respectively (48). Also, right at the start of the decade, in 1991, the European parliament set up a new committee around drugs, this time focusing on the investigation of drug trafficking. The Cooney report on drug trafficking and organized crime showed a mentality shift around drug policies when compared to the Stewart-Clark report from the 1980s. Even without mentioning the term “harm reduction”, the Cooney report advocated for Needle

¹⁰ It must be noted, however, that while drug seizures may indirectly indicate the availability of drugs in a certain place, they also reflect law enforcement priorities, strategies and funding.

Exchange, Opiate Substitution Therapy, health insurance coverage for drug treatment, decriminalisation of drug possession for personal use, and stated cannabis was less harmful than other drugs. The report further criticized the effects of drug policies at that stage and asked for a cost-benefit analysis of it. They defended an investigation of the costs of prohibition to human security and democracy. The report, however, also stated that the UN conventions should be followed, and the European Parliament decided for supporting only the latter recommendation, reiterating the adoption of prohibition. Nevertheless, what was a minority view on drug policies in the Stewart-Clark report came as majority in the Cooney report, showing a shift in the European mentality around drugs (49).

■ Opinions on how to handle drugs, however, were still divided in Europe, even within nations. An important example of that was the creation of two opposed city networks in this decade. In 1990, the European Cities on Drug Policy (ECDP) was created by the Frankfurt resolution, having Amsterdam, Frankfurt, Hamburg, Zurich, Charleroi (Belgium), Rome, Empoli, Forli, and Teramo (Italy) as participants. The network defended a pragmatic drug policy, being pro legalization of drugs and pro harm reduction. In 1994, as a counter movement for the first network, the European Cities Against Drugs (ECAD) was funded by the Stockholm resolution. The network had Sweden, Berlin, London, and Paris as initial participants, and opposed both drug legalization and harm reduction, being in favour of a drug free society and Europe (68). The opposed city-networks also denounced a discrepancy between national policy and local practices. Both European city networks were officially recognized in 1995 by the 95-99 EU Action Plan to Combat Drugs.

■ Nationally, the Netherlands and Sweden were considered representatives of two opposed views on drug policy in Europe: the first being pragmatic and in favour of harm reduction, and the second in favour of prohibition and a drug free society (69). To the many countries and cities adopting or further developing a harm reduction approach towards drug use, the drug policy of the Netherlands became a model to follow, and got international recognition (70).

■ Countries who still had not adopted harm reduction measures in the 1980s, like France, Italy and Spain, followed other European countries in adopting the approach in the early and mid-1990s as a response to the severe HIV epidemics among their drug injecting populations (51). Harm-reduction measures such as opioid substitution treatment (OST, mostly methadone at the time), and needle and syringe exchange programs (NSP) rose in numbers. Between 1987 and 1997, the number European countries implementing OST increased from 9 to 23, and for NSP, from 6 to 20 (44). Some of the countries adopting OST for the first time in the 1990s were, for instance, Ireland and Germany (1992), Greece (1993), France (1995) and Belgium (1997). Between 1993 and 1997, most EU countries saw a rapid expansion of the number of people in engaging in OST. As a result of the harm reduction measures (some applied since the 1980s), the second half of the 1990s saw a containment of new AIDS cases among PWID, overall among western European countries (52). When the EMCDDA started monitoring drug prevention in 1995, of the 27 EU member or candidate states, plus Turkey, Croatia and Norway, only 10 out of the 30 had a national drug policy document. This number rose to more than 20 in 2000 (8).

■ Investments on health and harm reduction did not mean that countries stopped investing in law enforcement related to drugs. A retrospective study on the public expenditure related to drugs per problematic user in the EU in the 1990s showed that virtually all countries spent much more on law enforcement than on health: a proportion of around 70% and 30% respectively (71).

■ In the 1990s the EU was intensively engaged in its eastward enlargement policy, and the new ascension countries contributed to increasing the variety of perspectives within the community. The so-called Phare programme (Poland and Hungary: Aid for Restructuring of the Economies), an instrument of the EU to prepare the Central and Eastern European accession candidates to the EU, also supported the applicant countries in their drug policies (65). A subgroup within the Phare project - the Multi-beneficiary Programme against drugs - was set up exclusively for negotiating policy in this area, with the task of ensuring that anti-drug measures already existing in EU member states were adopted by the candidate countries. These measures, however, tended to be prohibitive in nature and largely directed towards fighting drug trafficking, as this was the major area of consensus in European drug policy. More controversial areas related to drug use and the growing harm reduction approach were left with no concrete EU guidelines in place, and left up to the national governments of individual countries (72).

■ In 1997, the Horizontal Group on Drugs (HDG) was established, assuming an important political role in the EU debates on drugs. Since its creation, the HDG has coordinated all drug-related issues in the EU, including European strategies and action plans on drugs (48). In December 1999, the cooperation between EU countries grew to a new level with the official adoption by the European Council of the first EU drugs strategy and an associated action plan for 2000–2004. These instruments introduced for the first time clear, measurable targets with regard to limiting infectious diseases and drug-related deaths and made a strong commitment to the

evaluation of the policies adopted (44). Even though the documents were not binding, they acted as a strong incentive to achieve common goals. The 2000-2004 EU Drugs Strategy had six objectives to be achieved by the end of that period (64):

- ▶ to reduce the prevalence of drug use and of new users under the age of 18
- ▶ to reduce the incidence of negative health consequences associated with drug use and drug-related deaths
- ▶ to increase the number of successfully treated addicts
- ▶ to reduce the availability of illicit drugs
- ▶ to reduce drug-related crime; and
- ▶ to reduce money laundering and the illicit traffic in precursor chemicals.

■ The high priority given to the fight against drug abuse and trafficking was also reflected in the Political Declaration on the Principles of Drug Demand Reduction adopted at the 1998 session of the UN General Assembly on Drugs.

Part 2. Pompidou Group in the 1990s

■ Following its integration into the Council of Europe, the Pompidou Group continued to develop. During the 1990s, seven Eastern European countries joined the Pompidou Group:

- ▶ Hungary (1990)
- ▶ Poland (1991)
- ▶ Slovak Republic (1993)
- ▶ Czech Republic (1993)
- ▶ Croatia (1997)
- ▶ Estonia (1998)
- ▶ Russian Federation (1999)

■ Several projects initiated by the Pompidou Group in the 1980s were expanded in the 1990s. The multi-city study developed by the Pompidou Group's working group of epidemiological experts in the 1980s was an example. After having developed a first study on seven cities in the 1980s, in 1993, the report on 'Drug Misuse Trends in 13 European Cities' (73) was published by the Council of Europe, involving the cities of Amsterdam, Barcelona, Copenhagen, Dublin, Geneva, Hamburg, Helsinki, Lisbon, London, Oslo, Paris, Rome, and Stockholm. By 1995, the network had expanded to about 20 cities, including several from central and eastern Europe. The aims of the study have evolved from a methodological project towards a mechanism for monitoring and interpreting trends in drug misuse across a network of major cities in Europe, complementing the existing national data collection and monitoring systems. One of its contributions was a protocol for reporting systems for drug use treatment to collect comparable data on the profile of drug users who contact treatment centres in different cities (74). The project also called attention to monitoring at the city (or local) level to better capture the nuances in drug policies which sometimes disappear when clustering strategies and numbers at the national level; a crucial feature thinking of the divide within nations as seen in the networks of cities. During the development of the studies, the Pompidou group maintained close contact with the team responsible for developing the new European Monitoring Centre for Drugs and Drug Addiction (EMCDDA), hoping that it could take these developments onboard and promote the adoption of the instruments developed (56).

■ Another expansion to the work of the Pompidou Group's epidemiological experts from the 1980s related to school surveys. The Group's work resulted, at the end of the 1980s, in a collection of validated questions for use by people in different countries who were interested in conducting school surveys to monitor drug use trends among youth. Inspired by this work, the Swedish Alcohol and Other Drugs Information Board initiated a collaborative project in the early 1990s by contacting researchers in several European countries to explore the interest in simultaneous school surveys of substance use. After receiving positive responses, the group contacted the Secretariat of the Pompidou Group to obtain support for the project. A proposal was submitted to the Permanent Correspondents of the Pompidou Group in December 1993 and accepted. With this support, the ESPAD project - the European School Survey Project on Alcohol and Other Drugs - was born (59).

■ The first meeting of the ESPAD project was organised by the Pompidou Group at the Council of Europe in Strasbourg in March 1994, bringing together 26 representatives from 21 countries and 5 representatives of the Pompidou Group. The Pompidou Group supported the project both by organising and financing meetings, and by providing contacts in a number of countries. It also made funds available for the participation

of researchers from countries of central and eastern Europe. The first ESPAD report (75) was published 1995, bringing results from 26 European countries concerning drug use in 16 years old youths frequenting schools.

■ In 1999, into the second wave of surveys, France integrated the ESPAD system with the financial support of the French Monitoring Centre for Drugs and Drug Addiction (OFDT). Later on, in 2003, ESPAD would be carried out by the OFDT, which until today is responsible for its funding and coordination.

■ Since the creation of the EMCDDA in 1993, the Pompidou Group also worked closely with the agency. A Memorandum of Understanding between the EMCDDA and the Pompidou Group was signed in 1999 (and updated in 2010¹¹) and guarantees active consultation on medium-term objectives. The EMCDDA participates as an observer at the meetings of the Permanent Correspondents of the Pompidou Group and the Pompidou Group is an observer at the EMCDDA Board meetings. The Pompidou Group and the EMCDDA strive to develop synergies based on the different mandates and strengths of the two partners:

- ▶ Joint support for ESPAD surveys, in particular the analysis, translation, and publication of the synthesis report
- ▶ EMCDDA participation in various platforms of the Pompidou Group e.g., research, ethics, treatment, criminal justice, and airports
- ▶ Coordination of cooperation with third countries (Neighbourhood Policy area).

■ Besides its valuable work on data collection and monitoring related to drug use, the Pompidou Group also developed several meetings as well as specific groups to debate a variety of issues, both in the area of drug demand reduction and drug trafficking. During the 1990s, the Pompidou Group held three Ministerial Conferences: in Strasbourg in February 1994, a conference on New Trends in Drug Misuse in Tromsø in May 1997, and a conference about Harm reduction as a component of a comprehensive and multi-disciplinary approach to drug abuse problems in October 2000 in Sintra. An important group formed in 1995, existing until today, is the Airports Group¹². The group was set in order to achieve more effective control of drug trafficking in general aviation. It was composed of police, customs, and border control officers from European countries, regularly providing Member States with the latest information on the modus operandi of drug traffickers in civil aviation and on the technical measures needed to neutralise them. The aim was to develop harmonised multidisciplinary strategies for drug detection at European airports and to strengthen cooperation between airports by analysing drug trafficking trends, routes, and seizures, monitoring the risks of drug trafficking through general aviation, studying and monitoring the risks of the involvement of airport staff in drug trafficking (airport crime), and defining the practical arrangements for cooperation between control services at international airports and the sharing of good practices. The Airports Group draws up an annual review of drug seizures made at European airports and nowadays is also responsible for setting up a system for the rapid exchange of information on drug detections and for reviewing drug export control measures.

11. See https://www.emcdda.europa.eu/about/partners/pompidou_sk.

12. See <https://www.coe.int/en/web/pompidou/activities/airports>.

Enlargement to the East

by Chris LUCKETT,
Pompidou Group Executive Secretary, August 1985 – January 2009

Born in 1947 in South-East England; married with a French wife and 2 children. Obtained an MA in economics from Cambridge (Clare College) and then qualified as a Fellow of the UK Institute of Actuaries whilst working for a UK Life Insurance Company. In 1973, he joined the Council of Europe as an administrator dealing with committees on social security issues and subsequently, from 1979, on local and regional government structures and financing. In August 1985, he was promoted to the position of Executive Secretary of the Pompidou Group and served until retirement in January 2009. His hobbies are mainly musical as organist, harpsichordist, singer, and occasional choirmaster with a particular interest for baroque music.



■ As throughout the Council of Europe, the Pompidou Group's existence in the 1990's was dominated by the political and economic changes in Central and Eastern Europe. The demand for cooperation from these countries was particularly strong as they faced a rapid growth in illicit drug problems which had been on a smaller scale than in the West and had generally received little attention from the public authorities. They were poorly prepared for the sudden increase in a little known and largely stigmatized phenomenon.

■ The PG moved fast to create links and provide support, notably training. Hungary joined the Group at the 1990 ministerial conference and by the year 2000 nine CEEC countries, including Russia, were members. The new Norwegian presidency organised an extraordinary ministerial meeting in 1991 near Oslo (Holmenkollen – magnificent views of the Olympic ski-jump facilities!), with virtually all countries of the region present, to pass under review the needs and set an agenda for and training. This was, I think, the final involvement of the much-regretted Torbjorn Mork as Chair of the PC's but he was rapidly replaced by the creatively diplomatic ex-social worker, Ketil Bentzen, with whom I would spend a lot of happy time travelling in the new democracies.

■ PG assistance was initially mainly under the CoE Demosthenes programme and based on recent activities of the Group. It took on much greater importance with the Demand Reduction Staff Training Programme (1995-1998). This covered 12 countries and set out to provide short-term courses for 2 policy makers from each country and longer-term in-service training for 36 practising professionals in the fields of prevention, treatment, and rehabilitation. There was also a distant education component coordinated by Sweden.

■ Proposed by Norway and administered by the PG secretariat (especially thanks to the seconding of the Norwegian psychotherapist, Arne Schanche Andresen). The project was supported financially and professionally by the European Communities PHARE Programme. Core funding was shared between Norway, Sweden and PHARE, but Germany, Netherlands, Switzerland, and the UK also contributed through the provision of in-service training.

■ The policy-makers group included 6 persons who would later become their country's Permanent Correspondent (including a future Chair), not to mention a future Mayor of Prague, and, with the spin off from the professionals' training at national level, some 1700 people were sensitized to the importance of DDR and the main current approaches in the field. Perhaps though, some of the most lingering memories of the programme are the enthusiasm of the participants, the cultural and professional exchanges outside the meetings and courses and also the culture shock of many participants faced with western facilities (Norwegian and Dutch Prisons for instance – not just the structures, details like the libraries etc.).

■ The presence of UNDCP, WHO and ILO alongside the European Commission on the management committee of the DRSTP was one of many illustrations of the vastly increased level of inter-institution cooperation involving the PG. This was evident also in the Group's implication, based on the results of its regular activities, in projects such as the follow up to the 1988 UN Convention against Illicit Trafficking of Psychotropic Substances (in particular by building on the Council of Europe Conventions on Money Laundering and on Drug Trafficking on the High Seas and also the on-going early work on precursors) and in preparations for the 1998 UNGASS Political Declaration on Guiding Principles on Drug Demand Reduction.

■ Another major joint PG/UNDCP project was “Missing Pieces” – Developing Drug Information Systems in Central and Eastern Europe 1994-2000. Financed by Switzerland and propelled mainly through the expert network of the PG Epidemiology Committee. The programme had two phases: the first consisted of collecting standardised indicator data preparing for national data systems and the second was about supporting efforts to gather qualitative data on specific groups in order to position the statistics in their cultural, social and economic contexts and thus facilitate interpretation and support demand-reduction strategy development. This mirrored the evolution of the epidemiology group towards more qualitative research alongside the city network following the creation of the EMCDDA in 1993. Nine cities from six CEEC integrated the PG city network by 1997 and the project launched a lasting interest of their city experts in innovative qualitative research. It also contributed to the development of national data systems for input to the EMCDDA.

■ The projects implied great changes for the functioning of the PG in general and for the secretariat in particular. Project management became the new administrative norm; voluntary contributions regularly exceeded the basic statutory budget; the secretariat grew rapidly with increasing recourse to temporary staff and the multiplication of use of consultants who needed to be managed. All this with an increased presence on the ground in countries and contexts which were new to us and constantly evolving. And of course, the regular activities continued (airports cooperation, female drug abuse, outreach work, the first prevention handbook, the criminal justice system, harm reduction and a developing interest in newer forms of drug abuse), the Group constantly alert to the possibility to promote innovation rather than manage heavy institutional programmes.

■ A special mention is nevertheless necessary for the informal intercultural and interdisciplinary exchanges outside the meeting rooms. The epidemiology group’s dinners had long been noted but took on even greater intensity with the arrival of the CEEC. Bulgarian musical prowess also enlivened a Bergen DRSTP seminar (in the next room to a Labour Party gathering hosted by the Norwegian minister then co-chairing the Group - herself no mean amateur musician) and also the official dinner of the 1997 Tromsø ministerial conference, thanks to a loan of the Norwegian folk group’s guitar expertly negotiated by the then (Swedish) Secretary General of the CoE.

■ An expert involved in all the international drug meetings said to me on his last appearance at a PG meeting “I go to Brussels for discussions with my lawyers, to Geneva or Copenhagen to consult my doctors, but I come to Strasbourg to discuss my problems frankly with my friends”. Exaggerated? yes; a touch too twee? certainly; but with a nucleus of truth which I think many PG experts would recognise.

Sustainable Drug policies respectful of human rights

by João CASTEL-BRANCO GOULÃO, Chair of the Permanent Correspondents of the Pompidou Group during the Portuguese Presidency (2019-2022)

Portuguese National Drugs Coordinator since 2005, he is the General Director of the Service for Intervention on Addictive Behaviours and Dependencies (Ministry of Health).

Portuguese representative in the Management Board of the European Monitoring Centre on Drugs and Drug Addiction and head of the national focal point in the EMCDDA's REITOX network since 2005, he served as Chairman from 2010 to 2015. He had previously served on the European agency's Scientific Committee (1997–2002).

A medical doctor by profession, João Goulão has over 30 years of experience regarding drug-related issues, working in this field since 1987 as general practitioner, and since then all his professional life has been devoted to drugs and health. He was a member of the Portuguese Committee that, in 1999, prepared the report on which the first Portuguese Drug Strategy was based and that proposed decriminalisation.



■ Portugal joined the Pompidou Group in January 1980 and has participated actively on its activities since then. From 1988 until 2002 it was represented by Joaquim Rodrigues, who chaired the PCs from 1997 to 2000, upon the election as Presidency at the Ministerial Conference in Tromsø, Norway, and played a remarkable role on its dynamization.

■ Portugal organized the Ministerial Conference in Sintra in 2000. The main Conference's topic for discussion was Harm Reduction, but the possibility of broadening the scope of the Group to multiple consumption of psychoactive substances was also raised and included in the work programme for 2000-2003 (developed under the Irish Presidency).

■ After those events, the tasks related to the Portuguese participation in the PG were coordinated, first by Fátima Trigueiros and then by Sofia Santos, to whom a word of recognition is also due.

■ This was a time for fast moving developments in drug policy in Portugal, following the adoption of the first National Strategy to fight Drugs and Drug Addiction (1999) that included the proposal of decriminalisation of the use and possession for personal use of all drugs.

■ The Portuguese approach on drugs has been considered a model of best practice, due to the fact that over the past 20 years, Portugal has been implementing an integrated and comprehensive drug policy, using as its main guidelines the principles of humanism and pragmatism. Each individual's personal circumstances are assessed to determine the best response to their specific needs, including prevention, dissuasion, treatment, harm reduction and reintegration. The implementation of a health, social, and evidence-based approach was facilitated and turned more coherent under the framework of decriminalisation of consumption and possession for personal use of all drugs, below defined quantities. A law in place since 2001, decriminalised personal consumption of drugs, but maintains drug use and possession illegal.

■ The consumption, acquisition, and possession for own use of narcotics and psychotropic substances is no longer a crime, but constitutes an administrative offence, in the cases that it does not exceed the quantity required for an average individual consumption during a period of 10 days (defined by law for each substance). Users do not get a criminal record that would stigmatize them for life, do not end up in prison, but there is still a clear sign of social disapproval for drug use. The main purpose of the law is the dissuasion of the consumption and the basic concern has been to give priority to treat offenders rather than applying sanctions (better to send a drug addict for treatment than to prison).

■ A most relevant aspect of this law is to allow an early and pedagogic intervention among those who had, in any way, experiences with drugs. This new framework doesn't promote the impunity of the consumers and traffickers, rather the contrary; it allows a quicker intervention among those who use drugs. In fact, decriminalisation itself wouldn't be a solution to the severity of the problem. If today there is a general positive trend of drug-related indicators, it is due to a comprehensive package of responses that were put in place.

■ The key point about the Portuguese system is not only the decriminalisation, but the nationwide and consistent focus on health-related oriented responses rather than penalties for users. The objective has changed from punishment from breaking the law, to assistance to overcome a potential health, social and existential problem.

■ In the area of "demand reduction", the availability of treatment has been extended, with a network of health care and socio-sanitary resources, private and public, providers of health care to population with problematic use of drugs, based on integrated multidisciplinary therapeutic approaches, articulated and complementary.

■ Furthermore, an intense work has been carried out in the field of prevention, in schools, and amongst specific groups, whose main goal is to intervene on the causes that lead to the use of substances. It was possible to promote, not only knowledge about the phenomenon, but also to increase the scope, the effectiveness, the efficiency, and the quality of prevention programs that were implemented.

■ Responses were developed in "risk reduction and harm minimization" in a perspective of public health, focusing the intervention on the consequences that arise from the addictive behaviour. Giving up on people is not an option, even when they are not able to stop consumption, so work is developed to accompany and help them to have a better quality and higher life expectancy. Outreach Teams, Support Offices, Home Centres, and other structures are focused on that objective, closely collaborating with teams of prevention, treatment, and social reintegration. These responses rely on a daily base work in close proximity with a population that, regarding its characteristics of an enormous social fragility and with a profound inability to auto mobilize in order to seek for help, did not look for the conventional treatment structures.

■ Social reintegration results in socialization and/or resocialization, in the pursuit of building a sustained life project, guided to personal fulfilment, through the involvement of the household and the community in general.

■ The coordination with the police authorities is essential, as these forces can initiate the intervention procedure near drug users. The assignment given by the Decriminalisation Law to the police authorities has a very strong preventive component; this type of approach needs a permanent articulation, to obtain better results within an integrated strategy to tackle drugs.

■ In terms of "supply reduction", police and customs authorities continued to suppress trafficking, letting their resources, that used to be mostly allocated to pursuit single users, much more available to deal with criminal organizations and bulk trafficking, which increased their effectiveness.

■ In short, Portugal decriminalised all drugs but didn't legalize them and the decriminalisation policy is part of a balanced and integrated approach that links prevention, treatment, harm reduction and social reintegration. Later, the scope of intervention in all those areas was extended to licit substances, such as alcohol, and to other addictive behaviours, such as gambling, gaming, or screen abuse.

■ Portugal has never claimed to have found the "miracle solution" of drug policy, only a solution that was needed and that has worked in the Portuguese context.

■ Based on its experience, Portugal enthusiastically accepted the responsibility of assuming the Presidency of the Pompidou Group from 2019 to 2022, as decided at the Ministerial Conference in Stavanger, and to launch the process of revision of its Statute sought to endow the Pompidou Group with a new mandate, better suited to the current situation in terms of drugs and addictions, more able to face the current challenges (and others still to emerge). The revision of the Statute was one of the main objectives of the PG Portuguese Presidency, together with the implementation of the work program "Sustainable Drug policies respectful of human rights".

■ Accepting the challenge of thinking about the future, it is inevitable to reflect on the impact and some of the repercussions of the COVID-19 pandemic on the world situation, in the sense of understanding its more immediate consequences, and if possible, the future ones.

■ The new Statute, adopted on 16 June 2021 after two years of debate and review in which the 41 member countries of the Pompidou Group participated and international organizations, experts and civil society

organizations were consulted, reaffirms the importance of a multidisciplinary approach to tackle the drug and addictions phenomenon, focused on promoting public health and respecting human rights.

■ The most salient elements of the Statute show a new way of approaching the global phenomenon of drugs and addictions, providing the Group with a legal framework for the years to come. In my opinion, the best way to celebrate its 50th Anniversary!

Chapter IV.

2001-2010

Part 1. International context and challenges around drugs in the 2000s

Drug Use

■ The turn of the millennium showed a steady increase in the variety of drugs available and used in Europe and worldwide, as well as a complexification of drug related problems. The New Psychoactive Substances became a concern for Europe, together with an increase in the use of stimulant drugs. Heroin use remained stable in most EU countries across the decade, but an ageing population of people dependent on opioids brought new challenges for treatment services, especially in western Europe.

■ Cannabis remained the most popular illicit drug in Europe in the 2000s. Overall trends showed stable or declining levels of consumption, despite the large differences between countries. By 2010, countries with the lowest reported prevalence of use in the last year were Romania (0.4 %), Malta (0.8 %), Greece (1.7 %), and Sweden (1.9 %), while the ones with highest prevalence were the Czech Republic (15.2 %), Italy (14.3 %), Spain (10.1 %) and France (8.6 %), against an EU average of 6.8 %. Estimates for youngsters between 15-24 years old were higher, and virtually the same countries reported the highest and lowest estimates for cannabis use among youth (76).

■ Cocaine rose to the second position as the most commonly used illicit drug in the EU in the decade, and several countries showed a rising trend in use. The two countries with the highest prevalence of cocaine use across the decade were Spain and the UK. In both, cocaine use increased dramatically in the late 1990s, moving to a more stable but still upward trend in the 2000s. Denmark, Ireland, Italy also showed a rising trend since the early 2000s (76). Drug treatment services in Europe were still mostly frequented by clients with a primary opioid dependence in this decade, but following the rise in use, people dependent on cocaine represented a quarter of new treatment entrants by the end of the decade. The majority of these were reported in Spain, Italy and the United Kingdom, and included two distinct groups: socially integrated users who sniffed the drug; and marginalised users who injected cocaine or used crack cocaine alongside other substances (76).

■ Amphetamines and ecstasy occupied the third and fourth place, respectively, in terms of illicit drug use prevalence in the EU in the 2000s, with a use prevalence that remained stable since the 1990s. In some countries, however, amphetamine or methamphetamine were the most used stimulant drug. The EU countries with higher estimates were Czech Republic, Denmark, Estonia, the UK and Bulgaria (77). Methamphetamine use was largely confined to the Czech Republic and Slovakia in the 2000s, although by the end of the decade, production was being reported in Lithuania and Poland to serve Scandinavian markets. Both amphetamine and methamphetamine were used mostly in recreational and nightlife settings, and by a young population. Problematic use of amphetamines accounted for less than 5 % of those seeking treatment for illicit drug use in most European countries. Ecstasy use was concentrated among younger adults, with higher levels of use are among 15–24 years old. The highest prevalence countries were the Czech Republic (7.7%), the UK (3.9%), Latvia, the Netherlands and Slovakia (2.7%) against an European average of 1.7%. (76).

■ In the 2000s the so called “legal highs” became a challenge in the EU, especially regarding how to better identify, monitor and respond to the fast-moving market of the New Psychoactive Substances (NPS). The NPS are synthetic drugs designed to mimic the effects of other controlled drugs such as cannabis, cocaine, or heroin. Often, they are unregulated, thus earning the name ‘legal highs’. In 2009, a record year in the decade, 24 new substances were identified by the European early warning system. The synthetic cathinone mephedrone and synthetic cocaine derivatives were some of the drugs causing concern in the late 2000s (76).

■ Regarding heroin, the 2000s showed a more positive picture in the EU when compared to the early 1990s. Prevalence of heroin use stabilized since 2003, and there were indications that the group of users seeking treatment was ageing, possibly indicating a decrease in the numbers of new heroin users (78). By the end of the decade, prevalence for heroin use was around 10 times lower than for cocaine and amphetamines. Nevertheless, heroin use, and particularly injecting the drug, was still responsible for the greatest share of morbidity and mortality related to drug use in the EU. Injecting remained the most common route of administration for opioid users in many eastern European countries (76). Also, EU neighbouring countries like Russia and Ukraine had, by 2010, twice to four times more problem opioid users than the EU average, along with

higher rates of newly HIV infection and overdoses cases among this population. Neither Russia or Ukraine had Opioid Substitution Therapy (OST) available and NSP was severely restricted in both countries (79). In the EU, on the other hand, about half of the estimated number of problem opioid users were receiving OST by 2010. A great variety in treatment coverage was present between countries. The major disparity occurred in the 12 Member States¹³ who joined the EU since 2004 where only about 2 % of opioid users were enrolled in OST, in contrast to 50% in some western European countries (76).

■ Treatment monitoring data in this decade also revealed that people dependent on heroin were mostly an ageing population, showing that dependence was far from being an issue only related to youths or young adults. At the beginning of the decade users aged 40 years or more constituted less than 10% of people entering drug treatment in Europe, but by 2010 numbers had at least doubled. Some countries, mostly western and southern European which saw the first heroin epidemics in the 1980s and 1990s, reported that more than half of the clients in OST were aged 40 or more. Many of the older users had a long and severe history of drug dependence, were socially isolated and marginalized, reported high levels of unemployment, and experienced the effects of long-term drug use on their physical and mental health (80). A discussion around the necessity of adapting treatment services to meet the needs of ageing users in Europe, thus, came to place.

Drug trade

■ Heroin, cocaine, and ATS continued to be major illicit drug markets in the 2000s. Despite the worldwide relatively stable consumption of heroin, the production of the drug increased by 78% between 1998 and 2009. The major opium producer was Afghanistan with 89% of the world total production in 2009; Myanmar and Mexico came respectively in second and third place as world producers. The largest market for Afghan opiates was West Europe, with three countries -UK, Italy, and France- concentrating half of the consumption. Heroin entered Europe mostly via the Balkan route (via Iran, Turkey, and South Europe). The Russian Federation was the second world largest heroin market, with heroin arriving mostly via Central Asia (specially Tajikistan, Uzbekistan, and Turkmenistan). Together, West Europe and Russia consumed about half the heroin produced in the world (81).

■ The global cocaine production showed a more moderate increase between 1998 and 2008 when compared to heroin: 5%. Production continued shifting between South American countries due to repression attempts, decreasing in Colombia to increase in Peru and Bolivia. While cocaine demand was declining in the US, the 2000s saw it doubling in Europe, making the European market almost as valuable as the US market (81). In Europe, cocaine seizures were on the rise already since the 1990s and saw a further increase from 2004. Cocaine arrived in the region via different air and sea routes, including Argentina, Brazil, Ecuador, Venezuela, and Mexico as transit countries. More towards the end of the decade, West Africa became an alternative route. Main points of entry of cocaine in the EU were the Iberian peninsula, especially Spain, and the Netherlands, with France, Italy and the United Kingdom being important transit or destination countries (76).

■ The ATS market saw a steep increase in the first decade of the new millennium, tripling in the early years of the decade, to remain stable from 2006 (81). Europe accounted for more than 80 % of all amphetamine facilities discovered worldwide by the end of the decade (81). According to the EMCDDA, production of amphetamine in Europe was then concentrated in the Netherlands, Poland and Belgium, along with some production in Estonia, Lithuania and Germany (77). Regarding methamphetamine, world production was concentrated in east and south-east Asia and North America, especially Mexico (81). By global standards, illicit supply of methamphetamine in Europe was small-scale, and centred around central Europe and the Baltic Sea. Until close to the end of the decade production was small-scale and largely confined to 'kitchen laboratories' in the Czech Republic. By 2008, however other small-scale production facilities were also reported in countries neighbouring the Czech Republic including Slovakia, Germany and Poland, besides Austria (77). Regarding ecstasy, western and central Europe remained the main centre of world production, concentrated in the Netherlands and Belgium (76). Nevertheless, production started spreading geographically to occur closer to consumer markets in east and south-east Asia, North America, and Oceania. In Europe, the price of the drug continued to fall along the decade, along with an increase in the dose per tablet (76). Cases of synthetic substances mimicking the effects and sold as ecstasy increasingly appeared in Europe and abroad (81).

■ As a result of the prohibition and the war on drugs, the number of people incarcerated for drug related offenses was on the rise around the globe. In most European countries, offences related to drug use or possession for use comprised the majority of drug law offences in this decade, with those involving cannabis accounting for 50-75% of the cases in 2008. National prison population rates increased, with central and eastern Europe

13. Bulgaria, Cyprus, Czech Republic, Estonia, Hungary, Latvia, Lithuania, Malta, Poland, Romania, Slovakia, and Slovenia.

reporting higher rates, although the EU average remained considerably below the rates reported from Russia and the US. Among sentenced prisoners, those incarcerated for drug law offences accounted for at least 10 to 30 % of the prison population in most EU countries (76). A concern regarding the health of those incarcerated started to rise, and cooperation between prisons, health and social services started developing.

Political Responses

■ In 2004 the eastward enlargement takes place in the EU, with ten¹⁴ new Member States mostly from Central and Eastern Europe. The diversity of approaches towards drug use in the countries further complexify discussions around the subject. Regarding drug trafficking and production and the exchange of information between countries, more agreements could be reached, due to the already existing cooperation between Member States (72). Nevertheless, by the end of the decade, several differences could be found among countries, as for instance, regarding penalties for drug offences. To define severity of penalties, most countries took into account the type and harmfulness of the drug in question and whether the offence related to drug use or drug trafficking. These distinctions, however varied greatly between EU Member States, as it varied the extent to which adopted policy distinctions between dealers and users were translated into practice (76).

■ In the area of drug use, no concrete EU guidelines were given to accession countries and policy was left up to the national governments (72). Nonetheless, harm reduction found its place in Europe in this decade. Already in 2003 the European Council adopted a Recommendation on the prevention and reduction of health-related harm associated with drug dependence, establishing a European consensus regarding the principles and goals of the harm reduction approach (44). Recommendations to Member States included:

- ▶ to set the prevention of drug dependence and the reduction of related risks as a public health objective and to develop and implement comprehensive strategies accordingly
- ▶ to reduce the incidence of drug-related health harms (such as HIV, hepatitis B and C, and tuberculosis) and the number of drug-related deaths by providing specific services; and
- ▶ to reduce drug-related health harms by quality insurance, monitoring and evaluation of harm reduction measures.

■ Virtually all EU Member States had needle and syringe exchange programmes in the 2000s, as well as OST (mostly methadone). By the middle of the decade, OST and officially sanctioned NSPs were available for 26 of the 27 EU Member States (having Cyprus as exception), against only 10 European countries adopting such measures in 1990 (44). The 2000s also saw a steep rise in the availability of Drug Consumption Rooms (DCRs) in the EU. By 2003, Switzerland had already 12 DCRs, some of them also expanding to assist people smoking their drugs. In the same year, Germany counted with 25 DCRs, while the Netherlands had 22 and Spain two (53). By 2010, 90 DCRs were operational in Europe, all of them in Western Europe, across fifty-nine cities in the Netherlands, Germany, Luxembourg, Norway, Spain, and Switzerland. Outside the EU, only Australia and Canada had one DCR each (82).

■ Portugal enacted perhaps the most iconic change in drug policies in Europe in this decade, decriminalizing the use of all illicit drugs. Purchasing, possessing, and consuming illicit substances for personal use (defined as the average individual quantity sufficient for 10 days' usage for one person) were no longer considered infractions. The new policy was (and still is) evaluated as a success. A study published in 2009 showed that after decriminalisation the number of drug-related deaths fell, as did the number of HIV infections among people injecting drugs. Also, drug use prevalence rates decreased for several age groups and, at the same time, initial fears that drug tourism could develop in Portugal were not realised (83).

■ In 2005, a common position statement on HIV prevention among people who inject drugs was drawn among EU Member States during a debate of the Commission on Narcotic Drugs (CND), including prevention, treatment, and harm reduction measures such as OST and NSP (84). Outside the EU, some countries questioned the legitimacy of harm reduction measures, markedly the US, Japan, and the Russian Federation (44). During international discussions, the EU assumed a pro harm reduction position, advocating for the development of a balanced and evidence-based drug policies, combining prevention, treatment, harm reduction, and social reintegration.

■ Also, in the United Nations, harm reduction was adopted as a main strategy towards drug use. In 2001 the UN General Assembly set a target for countries to make available harm reduction efforts related to drug use by 2005. In 2003, all 192 WHO Member States endorsed the Global Health Sector Strategy for HIV/AIDS, which included harm reduction as a core component of a health sector response to HIV. In 2005, UNAIDS included

14. The Czech Republic, Estonia, Hungary, Latvia, Lithuania, Poland, the Slovak Republic, the Republic of Slovenia, Cyprus and Malta.

harm reduction as one of 11 essential programmatic actions for HIV prevention (51). Moreover, in 2006, the WHO developed a comprehensive package of interventions for the prevention, treatment, and care of HIV among people who inject drugs¹⁵, having a harm reduction approach at its centre. All these measures mostly helped to cope with the harms involved in injecting drug use (mostly heroin), but also addressed the use of other drugs such as cocaine, ATS and cannabis.

■ As a response to the rise in new psychoactive substances (NPS), in 2005 the Council of the European Union reinforced the Early Warning System (EWS) established in 1997. The system, originally created to detect and control new synthetic drugs, was expanded to rapidly detect, assess, and respond to health and social threats caused by all NPS (85). The first two risk assessment reports of the EWS were released in 2005 and 2006, the first resulting in a request for active monitoring of a new substance (mCPP (1-(3-chlorophenyl)piperazine)) (86), and the second in a submission (of BZP (1-benzylpiperazine)) to control measures and criminal penalties throughout the EU (87). Controlling NPS, however, was complicated by many factors, including diverging laws in different countries, and the fact that some NPS had legitimate non-medical uses or were used for research and development purposes by the pharmaceutical industry (76).

■ The new EU Drugs Strategy 2005-2012, adopted by the European Council in 2004, highlighted the importance of ensuring appropriate consultation with a wide group of partners (e.g. scientific centres, drug experts, representative NGOs, civil society, and local communities (88)). The two consecutive 4-year action plans -the EU drugs action plan 2005-08 and the EU drugs action plan 2009-12 - prioritized reducing the demand for drugs; mobilising European citizens; reducing supply; improving international cooperation; and improving understanding of the drugs phenomenon (89). In 2007, the EU moves a step forward towards civil society participation in drug policy, with the creation of the Society Forum on Drugs (CSFD) (90). Composed mostly of umbrella civil society organisations covering the various aspects of drugs policy (prevention, treatment, and harm reduction). The Forum, existing until today¹⁶, objectives are to support policy formulation and implementation through advice.

Part 2. Pompidou Group in the 2000s

■ During the 2000s, the Pompidou Group expanded with the accession of four countries: Iceland (2000), Azerbaijan (2001), Lithuania (2001) and Romania (2005). Under the Irish (2001-2003), Dutch (2004-2006) and Polish (2007-2010) presidencies, the Pompidou Group organized three Ministerial Conferences. The conferences discussed New Challenges for Drug Policy in Europe (October 2003 in Dublin); New Signals for Drug Policies across Europe (November 2006 in Strasbourg); and directions Towards a Coherent Policy on Psychoactive Substances (November 2010 in Strasbourg).

■ This decade was very fertile for the Pompidou Group in terms of the set-up of new groups and projects. Responding to the concerns around the health of those incarcerated for drug related offenses, in the early 2000s, the Group began to develop activities in the field of prevention of drug use and drug treatment in prisons. As a result, the Pompidou Group organised, jointly with the WHO Regional Office for Europe (Prison Health Project) and with the participation and invitation of the Swiss authorities, the conference "Prisons, drugs and society", which took place in Bern from 20 to 22 September 2001. The main aim of this conference was to examine the current situation regarding drugs in prisons and to produce, on behalf of political decision-makers and prison and health authorities, a consensus statement to guide future developments in this field. The conference brought together 100 participants from 33 countries representing prison administration, prison health and social services and the fields of drug policy and public health. The product was a consensus statement consisting of principles for working with prisoners who were (or had been) using drugs, recommendations of policy and practices, and practical checklists for prison staff and managers (91).

■ The Pompidou Group also invested in research on the analysis and interpretation of treatment demand through a complementary project. The "Expert Forum on Treatment" organized several conferences throughout the decade, publishing various reports aimed to better understand treatment demand trends and provide information for policy and practice. One report published in 2006, for instance, reported on three case studies describing how treatment demand data had been used in the development of drug policies and services in Ireland, Italy and Slovenia (92). In 2008-2010, the Pompidou Group attempted to develop a comprehensive overview of the drug treatment systems in Europe. This resulted in a publication containing an overview of the

15. See <https://www.euro.who.int/en/health-topics/communicable-diseases/hiv/aids/policy/policy-guidance-for-areas-of-intervention/harm-reduction>.

16. <http://www.civilsocietyforumondrugs.eu/>.

treatment systems in 22 European countries¹⁷ partaking in the Group. The report contained epidemiological information on drug use, mortality and HIV/hepatitis, a short history of drug treatment and recent changes, an outline of the organisation of treatment services, and a description of the services on offer, including their strengths and weaknesses (93). An important change related to Pompidou Group's research efforts in this decade was the replacement of the former epidemiology expert group by the Expert Committee on Research in 2004. This committee, since then, has been entrusted with the work of the Research Platform, whose mission is to provide a forum for dialogue and exchange of experience, with the aim of identifying evidence-based examples of how research can be used to develop effective policies based on validated knowledge and influence practice (94).

■ An innovation occurring in this decade and existing until today¹⁸ was the launch of the *European Drug Prevention Prize* in 2004, under the Dutch Presidency. The prize is awarded every two years to three projects that fully involve young people in drug prevention activities. It encourages young people, especially those from at-risk groups, to actively prevent drug use in their communities. The Pompidou Group awards this Prize to highlight quality projects in the field of drug prevention which have proved effective in practice by involving young people. This prize aims at promoting the development of drug prevention actions in which young people are actively involved. Thus, the activity promotes the genuine involvement of young people, which results in improving the chances of success of drug prevention actions.

■ Another group being born in this decade was the Mediterranean Network for Cooperation on Drugs and Drug Addiction - MedNET. The group was set following a feasibility study carried out at the initiative of France and the Netherlands in 2006. Initially, the network members were Algeria, Morocco, Tunisia, France, and Netherlands. MedNet organized a wide range of training and capacity building activities for its country members in order to build bridges between Europe and the southern Mediterranean and develop North-South, South-North and South-South exchange of knowledges and practices. Moreover, it launched the first school surveys in Lebanon, Morocco, Tunisia, and Egypt (MedSPAD). By 2008, MedNET countries started to launch initiatives to promote the health of people who use drugs and to meet their social needs and those of their families. These include the introduction of Opiate Substitution Treatment in Morocco and Lebanon, and projects to set up specific care and support services for women in Egypt (95). Currently¹⁹, MedNET comprises seventeen countries: ten which are members of the Pompidou Group²⁰ and seven non-member countries²¹. The objective of the network is to promote cooperation, exchange, and transfer of knowledge in both directions between North African and European countries and donors (North-South and South-North) as well as within the countries of the Mediterranean basin (South-South).

■ In 2007, the Pompidou Group created the European Partnership Network of Frontline Actors - *EXASS NET* - a multi-agency partnership network tackling drug problems at the frontline level, bringing together actors such as institutions, municipalities, service providers, NGOs and experts. The initiative for this network came from the Finnish Presidency of the European Union, which in 2006 identified the increased need for cooperation between the different actors on the ground in the field of justice, health and social affairs confronted with drug problems (96). The network was set up in April 2007 and has met eleven times²² since then: in Helsinki (2007), Preston (2007), Frankfurt (2008), Moscow (2008), Budapest (2009), Amsterdam (2009), Oslo (2010), Berlin (2011), and in Ljubljana and Maribor (2016). *EXASS NET* aims to facilitate the exchange of knowledge and experience of front-line activities in the different countries and to promote good practice, in particular understanding failures and misconceptions, identifying obstacles to cooperation and facilitating the transfer of expertise and mutual support.

■ At the end of the decade, the Pompidou Group, also dedicated itself to produce guidelines for prevention of recreational use of drugs in nightlife settings. The Pompidou Group Prevention Platform worked from 2007 to 2010 and published a Prevention Manual (97) focused on nightlife recreational use of tobacco, alcohol and other (illicit) drugs. The manual brought special attention to towns and holiday resorts that became a popular destination for recreational activities and youth, both from Europe and abroad. Its aim was to assist local authorities to address problems by using good practices from different localities. The publication also drew on the work carried out by the EMCDDA and the European Institute for Prevention Studies (IREFREA).

17. Bulgaria, Croatia, Cyprus, Denmark, France, Germany, Hungary, Ireland, Italy, Luxembourg, the Netherlands, Norway, Poland, Portugal, Lithuania, the Russian Federation, the Slovak Republic, Slovenia, Sweden, Switzerland and the United Kingdom.

18. See <https://www.coe.int/en/web/pompidou/activities/prevention-prize>.

19. See <https://www.coe.int/en/web/pompidou/activities/mednet>.

20. Croatia, Cyprus, France, Greece, Italy, Malta, Morocco, Portugal, Switzerland, and Turkey.

21. Algeria, Egypt, Spain, Jordan, Lebanon, Palestine, and Tunisia.

22. See <https://www.coe.int/en/web/pompidou/activities/exassnet>.

A window on the Mediterranean

by Florence MABILEAU,
Deputy to the Executive Secretary of the Pompidou Group,
Chief of Unit MedNET and Gender

I graduated in Foreign Applied Languages and European law and got a post-graduate in international trade. Although, my background should have led me to the private sector, I was delighted to join the Council of Europe in 1989. Since then, I have mostly worked with the Pompidou Group, with the exception of a two-year sabbatical as a free-lance translator in UK. During the first 10 years within the Pompidou Group, I worked in the field of epidemiology of drug problems. In the early 2000s, I had the chance to initiate cooperation in the Mediterranean Region with the setting up of the MedNET. Next to the coordination of this network, I am developing activities aiming at integrating a gender dimension in drug policy and recently started work on children whose primary care givers use drugs.



■ 2021 is the occasion to celebrate not one but two anniversaries: the maturity of the Pompidou Group, which is celebrating its 50th anniversary, and the youthfulness of MedNET, its cooperation network on drugs and addictions in the Mediterranean region, which is celebrating its 15th anniversary.

■ As early as 1999, at a conference in Malta, 20 Mediterranean countries (northern and southern shores) discussed how to cooperate on the issue of drugs and addictions in the region. For countries on the southern shore with a very young population, the aim was to determine whether this population was at risk for drug use. For the countries on the northern shore, the aim was to determine the type of cooperation to be established. The cooperation mechanism that emerged seemed simple and clear: to create a network linking the two shores of the Mediterranean.

■ Based on this common desire and with practically no funding, the action of the Pompidou Group and its secretariat in response to this wish was to first assess the situation, to determine the extent of drug use among the young population, particularly the school population, using available and recognised, reliable and validated tools: the ESPAD (European School Survey Project on Alcohol and Other Drugs) school survey.

■ From 2000 to 2006, the Pompidou Group thus set about the task of adapting the European ESPAD methodology to the Mediterranean context. This meant getting schools in the Mediterranean region to accept that anonymous questionnaires on the issue of attitudes to and consumption of alcohol, tobacco and other drugs should be administered to pupils with the agreement of parents and the various authorities: Ministry of Education and Ministry of Health. Experts from the region were involved in this work from the outset, in favour of this methodology for which the Pompidou Group had expertise insofar as this school survey methodology, used by 35 European countries at the time to conduct regular surveys, had its origins in the work of the Pompidou Group's epidemiology expert group in the 1980s and 1990s, at a time when there were still no or very few indicators of the epidemiology of drug problems in Europe.

■ The experts and the secretariat of the Pompidou Group worked together with their counterparts in Algeria and Morocco in order not only to develop a Mediterranean MedSPAD questionnaire, but also to overcome the taboos raised by the issue of drugs, which is often considered a scourge by parents and pupils, but also by educational institutions and health, education, and justice administrations. The official launch of the MedSPAD project took place in Rabat in January 2003, following a meeting between the Executive Secretary of the Pompidou Group, whom I accompanied, and the then Minister of Health. The time of this meeting was not fixed, and we were waiting for the Minister to summon us, in the extraordinary Chellah Park in Rabat, amidst storks that could have been those of the Parc de l'Orangerie in Strasbourg. The first MedSPAD surveys were launched in 2005 in Algiers and Rabat. Following these successful pilot school surveys, they were carried out at national level in Morocco and Lebanon, and later in Algeria, Egypt, and Tunisia.

■ In 2006, in parallel with this research and assessment of the situation, two member countries of the Pompidou Group, France and the Netherlands, were also involved, linked by common interests to combat drug trafficking within the framework of a bilateral agreement - the Franco-Dutch High Level Group on Drugs

- relaunched the idea of creating a Mediterranean cooperation network on drugs and addictions based on a feasibility study with Algeria, Morocco and Tunisia, countries with which the Pompidou Group was already working within the framework of MedSPAD. This study proved to be positive and seven years of reflection but also of action led to the official birth of MedNET in 2006, first gathering five founding countries (France, the Netherlands, Algeria, Morocco, and Tunisia), soon followed by others: Lebanon, Italy, Malta, and Spain in 2007, Jordan, Egypt, and Cyprus in 2010, Greece in 2011, Croatia and Palestine²³ in 2017, and Switzerland in 2018. The coordination and administration of this network was entrusted to me within the Secretariat of the Pompidou Group.

■ The first official international MedNET conference took place in Algiers in 2006, in partnership with the National Office for the Fight against Drugs and Drug Addiction. We were greeted with a splendour we were not used to. Red carpet as soon as we got off the plane, customs clearance in VIPs and cars with drivers and bodyguards who drove at full speed to a residence belonging to the army. All the law enforcement agencies were present as well as representatives of the various ministries. The Minister of Health opened the conference and was also present among the many conferences that took place in Algeria in the years that followed. At the end of the conference, we were also received at the residence of the President of the Republic.

■ In the other Mediterranean countries, we met both Ministers and NGOs who are very active and proud to participate in international activities under the aegis of the Council of Europe. Each time, we were received with enthusiasm and a willingness to meet the human rights requirements advocated by our organisation. On several occasions, we have had the impression that we have fulfilled our “mission” and that we have served to build closer co-operation not only between the countries of the South and the North, but also between the countries of the South and each other.

■ These are the many bridges that we have had to build day after day. At a regional seminar in one of the host countries, we also felt that we were contributing at our own level to changing the world view, moving in 48 hours, thanks to the heated exchanges of the audience, from a very repressive approach to drug users to an approach based on public health and human rights in which drug users are seen as people with a drug use problem who are entitled to care by a health system, just like any other patient. In Lebanon, in 2009, a round table was interrupted for two hours so that Lebanese psychiatrists from different schools and political affiliations could agree among themselves on the care and treatment of drug users, a discussion which could not have taken place without the participation of an international organisation. In Tunisia, in the aftermath of the revolution, in 2012, we had the privilege of talking with a Minister of Health who had been tortured and imprisoned and who took the time to stay with us and express his interest in the development of a balanced and coherent national strategy on addiction, as advocated by the Pompidou Group. In Egypt, during our first seminar in 2010, organised in partnership with the UN regional office, we felt the interest and desire to learn from our Egyptian partners. A few years later, we were able to visit the service created especially for women drug users in a hospital in Cairo following the project we had carried out with them and once again we could feel their pride and recognition for having succeeded in setting up such a service for women in the region.

■ Today, in 2021, MedNET has consolidated its foundation and pursues its objective of cooperation and mutual information transfer by supporting the development of drug policies based on human rights, gender mainstreaming and validated knowledge. To achieve this objective, it has acquired major assets:

- ▶ A political decision-making mechanism consisting of a network of representatives in each of the 17 countries appointed by the Ministries in charge of drug policy issues who are motivated and involved. A network whose representatives have forged bonds of friendship and solidarity. In 2017, the representatives from Morocco and Tunisia did not hesitate to travel to Algeria for a training workshop whose date had changed several times in a few days due to the religious calendar.
- ▶ A multi-source budget funded mainly by voluntary contributions from donors, in particular France and Italy renewing their funding year after year, joined in 2018 by Switzerland, which recognised the added value of the network through its involvement in training activities, and in 2020 by Spain.
- ▶ Integration into the Council of Europe’s Neighbourhood Policy by funding through the South I, II, III and IV Programme, joint programmes implemented by the Council of Europe and financed by the European Union.

23. This name should not be interpreted as recognition of a State of Palestine, without prejudice to the position of each Council of Europe member state on this issue.

- ▶ A work programme that responds to the demand of the member countries of the network and not imposed and adopted by all its members.
 - ▶ A cooperation going beyond the borders of the MedNET network and its 17 participating countries, which benefits from the knowledge and exchange of knowledge of experts from Belgium, the Czech Republic, but also from Ireland, Israel involved in the MedSPAD committee, Norway, members of the Pompidou Group. MedNET also benefits from a close cooperation with the competent EU agency: the European Monitoring Centre for Drugs and Drug Addiction, based in Lisbon.
- It is a pleasure and an honour for me to accompany the successive presidencies of France, Italy, Tunisia and soon Cyprus in continuing and broadening the path we have set out so far. I sometimes tell myself that, having joined the Council of Europe on 9 May 1989, coming from a town on the French Mediterranean coast where many of my school friends were children born in North African countries, destiny does things well.

Pompidou Group – withdrawals and expansion – turbulent times early 2010s

by Patrick PENNINCKX,
third Executive Secretary of the Pompidou Group

Patrick Penninckx was the Executive Secretary of the Pompidou Group between 2009-2014.

Head of the Information Society Service, Council of Europe

With a career of the last thirty years at the Council of Europe, Patrick Penninckx has contributed to the development and renewal of the Organisation, while developing national and international partnerships. As head of the Information Society Department within the Directorate General of Human Rights and Rule of Law, Patrick uses all his expertise to coordinate standardisation and co-operation activities in the fields of media, Internet governance, data protection, cybercrime, and artificial intelligence. In addition, he is also responsible for projects related to public-private partnerships and cooperation with industry.



■ I was nominated Executive Secretary of the Pompidou Group in March 2009 and remember very well the harsh welcome I received at my first meeting of the Permanent Correspondents in Spring 2009, when the Permanent Correspondent of the United Kingdom announced to me privately “Welcome to the Pompidou Group, Patrick, but I have to inform you that the United Kingdom is leaving the Group”. Harsh words for a first meeting and I knew this was not going to be an easy ride. It heralded a period of uncertainty and reassessment of the role and place of the Pompidou Group in the European landscape.

■ For several member States the specificity of the Pompidou Group had become unclear since the creation of the European Monitoring Centre for Drugs and Drug Addictions (EMCDDA), for which the Pompidou Group somehow claimed parenthood. The child had grown bigger and stronger than the parent [at least that was the feeling I had when I participated in the 15th anniversary celebrations and conference organised by the EMCDDA in 2009.] For some member States, the Pompidou Group had not sufficiently demonstrated its added value neither in terms of substance nor in terms of its geographical coverage. The conditions for leaving a Partial Agreement of the Council of Europe were very simple and took effect almost immediately. Hence several countries followed suit. The United Kingdom was followed the same year by Denmark, and the following two years by Germany, Spain, and the Netherlands, despite serious efforts to keep the countries in.

■ These developments meant that the Pompidou Group needed to **refocus**. Refocus on its flagships and on those areas, it excelled, in which it was different and brought added value. That was done through different means, namely through its focus on training and experience sharing of practitioners; its focus on human rights issues in drugs policy; its cooperation programmes and last but not least, its geographical expansion. Needless to say, that this was to be done under a strenuous budget situation with severe financial cuts as well as forced redeployment of staff. It could not have been done without the constant support of the Polish (Piotr Jablonski) and later French Presidency (Laura D’Arrigo) of the Permanent Correspondents as well as a strong and supportive Bureau.

■ The **Mediterranean Network (MedNET)** was one of these flagships. Under the impulse and constant support of the French Presidency of the MedNET and later of the Pompidou Group itself, MedNET gained momentum and a more systemic attention was given to the countries, first of North Africa, but later also with the Middle East. Country profiles on drugs policy were elaborated and a first discussion took place on the setting up of a Euro-Mediterranean Drug Monitoring Centre. I believe this stimulated further action of the EMCDDA under the European Neighbourhood Policy (ENP) which aimed ‘to forge closer ties with countries to the South and East of the European Union’. In March 2007, the Council of the EU had already agreed on the gradual participation of ENP partner countries in the work of EU agencies to encourage regulatory and administrative reform and to promote convergence of the ENP partners’ policies with EU norms, standards, and best practice. MedNET had provided valuable experience in this context.

■ The focus on **training and exchange of first-hand experience of drugs policy practitioners** became key to the 2007-2010 Work Programme. In the early 2010s, EXASS Net was further promoted as a European network of partnerships between stakeholders at frontline level responding to drug problems providing experience and assistance for inter-sectoral cooperation. The Airports Group developed further and harmonised tools and systems to improve drug detection in European airports. The Precursor Group was set up and has become one of the success stories of the Pompidou Group in the area of law enforcement. The Executive Training for drug policy managers was launched as an initiative under Polish Presidency in 2010 and became a hallmark of the Pompidou Group.

■ The **Human Rights focus** has always been at the core of the work of the Group. It guided our work in the contacts with new member States and I would say oriented the drugs policies established in several countries. I take Ukraine as an example, even though Ukraine has still not joined the Group, its national drugs strategy, I dare say, was strongly influenced by the human rights approach it adopted through the tight cooperation with the Pompidou Group. A national drugs strategy was elaborated under the leadership of Volodymyr Tymoshenko, at the time the Ukrainian 'Drug Tsar'. It was human centred and provided for one of the most progressive drugs strategies for the region, including some of the European Union countries. The Permanent Correspondents developed a proposal for a Convention on Human Rights in drugs policies as a response to a request from the Parliamentary Assembly of the Council of Europe. The Convention however never saw the light of day as it was not supported by the Committee of Ministers at the time.

■ The **cooperation activities** of the Pompidou Group were fairly limited in the early 2010s and focused solely on the Mediterranean region through the MedNET. Sponsors were limited to France, Italy and Portugal and focused primarily on the cooperation with North-Africa. In order to expand the cooperation programme to other regions, the Secretariat reinforced its relations with the Office of the Director General of Programmes (ODGP) and ensured its presence in the National Action Plans for Council of Europe member States. Contacts were also established with new sponsors such as the Luxembourg 'Fonds pour la Lutte contre toutes formes de Criminalité'. From this emanated the Criminal Justice and Prison programme in several countries of Eastern Europe and was an onset to further cooperation programmes.

■ To counter the decline in membership of the Group, relentless efforts were made to **expand its membership** both in Council of Europe member States and far beyond, whilst maintaining the efforts to avoid further backsliding. The Group had embarked on a very slippery downhill slope which could not be contained easily, with further member States menacing to jump ship. The States concerned will no doubt recognize themselves. This is how in a couple of years' time, Serbia, North Macedonia, the Republic of Moldova, Montenegro and Bosnia and Herzegovina joined, and it was decided to create a South-East Europe NET, in parallel to the MedNET to support the States of the region in their continuous efforts to establish modern, fact-based drugs policies. Both Croatia (Lidija Vugrinec) and Slovenia (Jose Hren) have been instrumental in creating this Network. Persistent contact with Monaco also resulted in 2016 in its membership to the Group.

■ However, expansion was not limited to Council of Europe member States. Thanks to MedNET, Morocco joined the Group as early as 2011 with the strong support of my friend Jallal Toufiq. The continuous contacts with Israel (Ruth El-Roy) led in 2013 to its accession. The regular invitations of the Centros de Integracion Juvenil and its Director General (Carmen Fernandez) to attend their World Congress the participation of several Mexican authorities in Pompidou Group's working groups; and the contacts with the Drug Coordinators and Ministers of Health and Foreign Affairs of México led in 2017 to Mexico's accession. Thanks to México our cooperation with the Organisation of American States (OAS) and its specialised drugs office (CICAD) was reinforced.

■ The early years 2010 were challenging times for the work of the Group with a serious reassessment of its core objectives within a changing institutional environment in Europe, but also with a changing drug scene and the emergence of non-substance related forms of addiction. A new course was to be defined. The 2011-2014 Work Programme and the French Presidency of the Pompidou Group made an onset to fully adapt to this new setting and lead the way to the Norwegian Presidency that was elected at the Ministerial Conference in December 2014. The 2015-2019 Work Programme reflected this willingness. My time at the Pompidou Group, which ended with the Ministerial Conference in 2014, was professionally rewarding and left me with a feeling of personal and professional accomplishment and many sincere friendships.

Is drug policy addictive?

by Thomas KATTAU,
Deputy Executive Secretary of the Pompidou Group

Thomas Kattau is the Deputy Executive Secretary of the Pompidou Group, the Council of Europe's drug policy cooperation body. Before this he held various positions at the Council of Europe, including responsibility for childhood policies and assistance programs for Eastern Europe. Later he was engaged in conflict resolution and post conflict stabilization in the Balkans and North Caucasus. Prior to taking up duties with the Council of Europe he worked in criminological research, taught comparative law and was a practicing attorney.



■ After more than twenty years with the Pompidou Group someone might suggest that I have overstayed my time. Maybe working with drug policies is addictive?

■ When I arrived at the Pompidou Group, I quickly discovered how interesting and inspiring work around drug policies can be; for not only does the field involve multiple disciplines and professions, but its constantly changing nature means that it is at the centre of many important debates and controversies. Truly, it is hard to imagine a more challenging and motivating area to work in.

■ Innovation and experimentation have always been at the heart of the Pompidou Group's *modus operandi*. The *Multi-City Network* set the stage for the creation of the *EMCDDA*, and so for the first time a life-skills training programme was implemented on an experimental basis. Innovation requires both thinking outside the box and a willingness to take risks. Working on harm reduction at time when others did not even dare to speak about it and addressing the question of gender in the field of drug policy—another first, had already become signature issues of the Group long before I joined the team.

■ Innovating can be dangerous because there is always a risk of failure. But a combination of knowledge, professionalism and flexibility acts to limit this risk, as does the presence of a motivated, and agile team that knows how to earn the trust of its constituents. I have been fortunate to work during these years with such a team, as well as with a group of *Permanent Correspondents* who have been willing to move beyond adopted language and who have put their trust in the Secretariat team. Trust and cooperation – two elements that have been key in allowing us to go from just talking to walking. Walking into the future.

■ The Pompidou Group's projects have always been forward looking and have regularly shown themselves to be far ahead of their times. It will come as no surprise, then, to learn that nearly all of the Pompidou Group's innovations and ideas have become mainstream over the past quarter century. Our readiness to innovate and take risks has put us on the winning side for the benefit of our members, for their citizens, for their societies. Our approach has given us an edge over those who privilege caution over courage and has made us standard setters in the world of drug policy.

■ When the Pompidou Group organized its first *European Forum on Drug Prevention* in 2004, consultation of civil society was still mainly an academic discourse and a plea that could be heard from advocacy groups. The *Forum*, which was designed to allow policy makers to meet face to face with the main target groups of prevention, was initially met with scepticism; but the meetings led participants to realize the importance of confronting realities that remain hidden when we do not talk to those who operate outside of our professional boxes. The key takeaway for all of us was that there is added value in involving target groups of drug policies as equals and as partners in policy discussions.

■ Since that first *Forum*, the Pompidou Group has included as a major feature of its activities, the involvement of those who are meant to benefit from its policies and interventions; and this long before such practices appeared in the policy statements of international organisations. The recognition and visibility of the *European Drug Prevention Prize* is a testimony to the success of our approach, and a confirmation of our belief that young people must be partners in delivering successful drug prevention.

■ The Pompidou Group also recognised early on the richness and value that professional experience brings to the table. *EXASS Net*, the Pompidou Group Network of professionals working on the frontlines, provided us

with insights that research and science alone cannot provide in real time. And there is no doubt that real-time and real-life experiences have become increasingly important in the ever-faster evolving world of drugs. As a consequence, the Pompidou Group has spearheaded the practice of direct dialogue with people who use drugs and suffer from addictions. This, too, has become a common feature in other organisations that work on drug policy and practice.

■ While others were still discussing whether or not to engage the private sector, we had already reached out to the logistics companies and chemical industries and brought them to the table to work alongside law enforcement agencies and researchers on precursor control. The next step will be to continue our work with the corporate sector to better tackle drug-related cybercrime and internet addictions.

■ It was the Pompidou Group that had the courage to suggest that training in drug policies was needed to advance the knowledge, skills, and competencies of decision makers. Here, too, an initiative that initially met with much scepticism turned out to be a great success and is now one of the hallmarks of our approach. The praise and positive feedback of those Permanent Correspondents who dared to participate in the *Executive Training* must finally have been very convincing, for the Permanent Correspondents are in the process of setting up the Pompidou Group's *International Drug Policy Academy*.

■ We also broke professional silos by bringing together customs, police, and border control agencies in our work to enhance drug control in civil aviation. And we moved beyond the borders of Europe by setting up *MedNET*, which extended our reach to the African continent and the Middle East. Inspired by having tested our global reach as an *Enlarged Partial Agreement* of the Council of Europe, the Group dared to reach out across the Atlantic, initiating eye-level cooperation with countries from the Americas. In this way we have become active players in an ever more globalized world. Our success can be measured by the fact that Israel, Mexico, and Morocco have joined the Pompidou Group, and that the OAS has concluded a cooperation arrangement with the Council of Europe, which will allow the Pompidou Group to collaborate with CICAD. With the involvement of Canada, and the participation of African and Asian countries in law enforcement activities, we will be taking our global presence to a new level.

■ It is clear that thinking outside the box and daring to innovate have become part of the Pompidou Group's DNA, and, to my mind, this is what clearly set us apart from other organisations in the field. It is precisely this DNA that allows us to provide unique benefits to our members, and to the societies they represent.

■ We all realize that drug policy is a complex and rapidly evolving field, and that it is often extremely difficult to bring about much needed change. But we have only to look at the Pompidou Group's many achievements—many of which have become mainstream—to see that it is indeed possible to make progress, that we can in fact produce high-impact changes that have a lasting effect.

■ The Pompidou Group will continue to work to create a future with humane and sustainable drug policies. This is an exciting prospect, one that will require working together with many partners. But this kind of co-creation is also part of our DNA, and we remain convinced that by working with one another, we can create a new paradigm for the drug policies of tomorrow. We will take balancing supply and demand reduction to the next level: balancing the rights of the individual with the interests of society.

■ Excitement and success are addictive, as we all know. Therefore, I admit, I am indeed addicted—maybe not to drug policy, but most definitely to working with the passionate people in the Pompidou Group as we develop policies that are both effective and humane.

Chapter V.

2010-2020

Part 1. International context and challenges around drugs in the 2010s

Drug Use

■ Nowadays, the consumption of a variety of illicit substances remains a reality across the globe and in Europe. In terms of trends, cannabis remained the most used illicit substance in the EU in the 2010s. Cocaine use remained in the second position and showing a steady increase. ATS remained in third place and showed stable trends. The use of stimulants drugs assumed increasing proportions and importance in Europe, with growing evidence of a potential increase in stimulant injecting (98). At the end of the decade, the COVID-19 pandemic has brought immense challenges to the world and influenced drug use and the system of care services available for people who use drugs, also increasing inequality and evidencing compounded vulnerabilities.

■ During the 2010s, most countries in Europe showed either stable or increasing levels of last year cannabis use among young adults. Cannabis possession remains also the major source (75%) of all registered drug offences in the EU. Cocaine use has shown an overall increasing trend for most EU countries across the decade, despite fluctuations per year. Wastewater analysis done in 45 European cities from 2011-2019 have also shown an increase in cocaine residues availability for most cities (n=27), with others registering either a stable situation (n=10) or a decreasing trend (n=8). Across the decade, higher availability of cocaine in wastewater analysis was found in Amsterdam, Barcelona and London (98). The decade also saw an increase in people seeking treatment related to cocaine use, with Spain, Italy and the UK accounting for 72 % of all reported specialised treatment entries related to cocaine in Europe (98).

■ Amphetamine-Type Stimulants (ATS) remained the third most commonly used illicit drugs in 2010s' Europe and recorded the second place worldwide (98,99). Amphetamine is the most prevalent form of ATS used in Western and Central Europe, with relatively stable use levels in most countries of these regions since 2019; exceptions are Germany and the Netherlands which have reported an increase (99). Medical use of amphetamines and amphetamine derivatives (such as Ritalin) has increased steadily over the past decade, yet nonmedical use of these substances has also increased, especially among university students (100). The use of methamphetamine, before most evident in the Czech Republic only (considering Europe), has also been reported in countries such as Cyprus, (eastern) France, Germany, Slovakia, Spain, and Turkey, as well as in parts of Northern Europe (77). Its use is rising especially among people who practice chemsex (98). In terms of ecstasy, the prevalence of past-year use is higher in Western and Central Europe. While both the Netherlands and the United Kingdom showed stabilizing trends of use in the last year, Germany, Denmark and Norway have reported an increase (99).

■ The use of opioids remained the main reported reason to enter specialized drug treatment in Europe, although the number of first-time heroin clients entering treatment has fallen by more than half after a peak in 2007. Heroin remains the main opioid leading to treatment entry (around 84% of cases), although other opioids such as methadone (5%), buprenorphine (4%) and fentanyl (0,4%) are also mentioned (98). Injecting drug use continues to decline among people using heroin, although the injecting of stimulant drugs shows rising trends. The ESCAPE network (a European Syringe Collection and Analysis Project Enterprise) collects information on injected substances by analysing the residual content of used syringes disposed at dedicated dispensers and harm reduction services in Amsterdam, Budapest, Cologne, Helsinki, Oslo, Paris, and Vilnius. In six cities (exception Vilnius), they found a high proportion of syringes containing stimulants, most commonly cocaine, amphetamines and synthetic cathinones; combinations of stimulant and opioid were also found (101).

■ The COVID-19 pandemic has also influenced drug use and the system of treatment services available for people who use drugs. Especially during the first lockdowns, the EU has seen temporary shortage or reduced access to some substances, although the market seemed to quickly stabilize (102). More generally, the pandemic has further exacerbated long-standing economic and political challenges in the region, bringing special challenges to those people who use drugs which were already in more vulnerable socio-economic conditions. Main difficulties reported by people who use drugs in consequence of the pandemic included social isolation, augmented state repression in the streets, lack of income and access to basic needs (such as food and water), and an increase in mental health problems. The pandemic has also affected daily practices

of harm reduction services in several ways, decreasing the availability of services for people who use drugs and increasing the work pressure for staff. Nevertheless, this period has also provided a unique opportunity for innovative practices, such as increased length of prescriptions and take-home doses for OST, upscaling of outreach services and distribution of medicines, and increased access to housing and shelters (103,104). There is a general hope that these positive changes can become sustainable.

■ Finally, also in this decade the recognition of intersectionality brought to light the special needs and the double stigma suffered by several sub-groups of people who use drugs such as women who use drugs, people experiencing homelessness, LGBTQI populations and sex workers. Women who use drugs, for instance, are at higher risk of being victims of violence, and are much more likely to be prevented from accessing care due to legal issues, social and cultural norms and stereotypes, and lack of adequate services to cater for their needs (105). More women than men are sentenced for drug related offences (106). Besides, criminalisation of drug use, coupled with the criminalisation of homelessness, sex work and LGBTQI populations hinders these populations access to care and basic human rights. Especially during the lockdowns in the COVID-19 pandemic, increased state repression has been registered against these populations (103). Although we have come a long way rolling into the 2020s, there are still many challenges ahead. Fortunately, there are also many lessons learned and, worldwide, there seems to be an overall change towards building more humane and evidence-based responses towards drug use and drug dependence.

Drug Trade

■ In the 2010s Europe continued to be an important market for illicit drugs worldwide, both regarding demand and supply. Important sources of drugs entering the region are South America, West Asia and North Africa, and China for NPS, drug precursors and related chemicals. Europe also produces and traffics drugs such as cannabis (mostly for European consumption) and synthetic drugs, manufactured for the European market and exported to other parts of the world (98).

■ According to the increased level of consumption, the number of powder cocaine seizures in the EU increased across the decade, reaching the highest levels ever recorded in 2018. Belgium, Spain, and the Netherlands together accounted for 78% of the EU seizures in 2018, with large quantities also reported by France, Portugal and Italy. The number of cocaine samples tested by drug checking services in Europe also rose across the decade (98).

■ The quantity of heroin seized within the EU highly fluctuated across the decade, with a slight increase in the first years, followed by a downward trend, to then more than double between 2016-2018. Most of the heroin entering Europe is thought to be manufactured in Afghanistan which remains the world's largest producer of illicit opium. However, recent seizures together with the discovery of laboratories producing heroin in Bulgaria and Czechia suggest that some heroin is now manufactured in the EU itself (98).

■ In the 2010s, Europe kept producing both methamphetamine and amphetamine. Seizures on amphetamines have remained relatively stable across the decade, while those of methamphetamine have showed a slow but steady increase. Amphetamine production takes place mainly in the Netherlands, Belgium, and Poland, and to a lesser extent in the Baltic States and Germany. Part of the production is trafficked outside Europe, especially to the Middle East. Methamphetamine is mainly produced in Czechia and the border areas of neighbouring countries, with some production in the Netherlands. Especially regarding MDMA, reports from seizures outside Europe, as well as analysis of darknet market sales, point to the important role of Europe in the global supply of the drug. Also within the EU reported MDMA seizures have been on an upward trend since 2010 (98,107).

■ Other drugs such as ketamine, GHB and hallucinogens (LSD) have also become (more) available in Europe in the 2010s, although their prevalence remains low (98). Besides, the market of New Psychoactive Substances continues to grow, with more than 50 new drugs being registered per year since 2011 and approximately 400 previously reported NPS identified by the Early Warning System each year. Synthetic cannabinoids represent the higher share of reported NPS, with Cathinones and Benzodiazepines coming respectively in second and third place (108).

■ To date, drug trafficking remains a highly profitable commercial activity and a core business for organized crime groups across Europe and worldwide. In the EU only, the minimum estimated retail value of the illicit drug market amounts to 30 billion euros per year. Drug trafficking and the repression towards it continues to fuel corruption and undermine governance, despite increasing harms to society with wider criminal activities, violence in communities, damage to the environment, and corruption (109). By 2020, the major political response towards drug trade remains repression and the war on drugs, but a growing tendency of adopting or discussing the regulation of the markets of certain drugs can be found across the continents.

Political Responses

■ The 2010s brought several innovations in terms of policy responses to drug use and trade, despite the continuity of the core pillars of drug control. A noticeable change in the international level in this decade refers to the policy reforms around cannabis and the coca leaf. In 2013, Bolivia succeeded in legitimizing its traditional use of the coca leaf in the context of the international drug conventions. The country had left the 1961 Single convention in 2011, after failed attempts of amending the convention to uphold its requirement of abolishing coca leaf chewing in Bolivian territory. Several European countries objected the amendment in 2013 (including the UK, Sweden, Italy, France, Germany, the Russian federation, Netherlands, Portugal, Finland, and Ireland), mostly alleging concerns over a possible increase of coca leaf production. Nevertheless, the number of objections was not enough to block Bolivia's request (110). Bolivia, thus, obtained a special exemption from the 1961 single convention on narcotic drugs to re-joining it while allowing its indigenous people to chew the coca leaves (111).

■ Regarding cannabis, several countries changed their laws and moved towards the legal regulation of adult non-medical use, including Uruguay (in 2013), Canada (in 2018) and several US states. A range of benefits have been pointed in terms of health and human rights for people who use cannabis, besides potential reductions in crime and over-incarceration. Nevertheless, civil society organizations have been raising concerns around sustainable development, since for-profit cannabis companies from the global North are currently competing for the global cannabis market and threaten to push small-scale traditional farmers from the global South out of the emerging legal markets (112). In Europe, Luxembourg announced in 2019 its plans to be the first European country to legalize cannabis for recreational purposes for people over 18 years of age (113); the plans are still ongoing (114). An increasing body of literature emerged in this decade to guide interested governments on how to possibly regulate the market of different drugs (e.g. 115,116) and navigate policy reform in the framework of the international conventions (117).

■ Still regarding cannabis, in 2019 the WHO's Expert Committee on Drug Dependence recommended to reschedule the plant and related substances, after having done a critical review of the drug. In December 2020, the UN Commission on Narcotic Drugs (CND) accepted WHO's recommendations, voting to remove cannabis from Schedule IV of the 1961 Single Convention, reserved for controlled substances with limited or no therapeutic benefit. In doing so, the UN has recognised the medicinal value of cannabis, something that more than 50 countries worldwide have already officially done by adopting medicinal cannabis programmes (118,119).

■ The 2010s also hosted the United Nations Special Session of the General Assembly (UNGASS) in 2016. The high-level meeting, happening every 10 years, aims at reviewing the performance of the UN drug control system and providing an opportunity for improving the UN's normative guidance and legal and institutional framework. Taking place three years earlier than planned at the joint request of Mexico, Colombia, and Guatemala, the UNGASS 2016 was seen by many as having the potential to change the course of the international drug control system. A growing group of countries (especially Latin American and Caribbean), had been calling for alternative policies to the prohibitionist drug control, denouncing its high human costs in terms of violence, insecurity, mass incarceration and the exacerbation of the social and economic vulnerability of marginalised groups. The high-level meeting was seen as the possibility of openly discussing alternative policies to the current war on drugs (120).

■ The UNGASS Outcome document, unanimously adopted in April 2016, brought indeed unprecedented innovation towards a more humanist approach of drug policies in comparison to its predecessors. As part of the solid progress, the document brings a more comprehensive approach towards drugs, addressing cross-cutting themes such as demand reduction, access to controlled substances for medical and scientific purposes, supply reduction, human rights, emerging trends and challenges, international cooperation, and alternative development. The agreement also includes proportionate sentencing for drug offences and addresses the specific vulnerabilities of women in detention and engaged in the drug trade, including the need to mainstream a gender perspective. In the area of harm reduction, it explicitly mentions "injecting equipment programmes", "medication-assisted therapy" and naloxone (an essential medicine used to reverse opiate overdoses). Despite the advances, the UNGASS agreement has been criticised by several actors for leaving important issues untouched. Some of them include its omission of the need to end death penalty, end the criminalisation, punishment and incarceration of people who use drugs, mention other recognized harm reduction interventions, and discuss the possible regulation of drug markets (121,122). The process leading to the proposed document also raised reservations among civil society actors, who perceived it as lacking transparency and inclusion of civil society actors in decisive debates (123).

■ Decriminalisation of minor, non-violent drug offences occurred already in some countries since the 1970s, but the approach received considerable endorsement worldwide in the 2010s. Several international agencies such as the Global Commission on Drug Policy, UNAIDS, the WHO, the United Nations Development Programme, and the Office of the United Nations High Commissioner for Human Rights (OHCHR) have all expressed the need to decriminalise the possession of drugs for personal use. Several countries around the globe adopted decriminalisation in different formats and levels. Some of those in Europe include Belgium, Croatia, Czech Republic, Estonia, Germany, Italy, the Netherlands, Poland, Portugal, Spain, and Switzerland. Overall, results indicate that decriminalisation can facilitate the search for treatment for those dependent on drugs, besides reduce criminal justice costs, improve public health outcomes, and protect many people from the devastating impact of a criminal conviction (124).

■ Death penalty as a punishment for drug offences is a major violation of human rights still in course in the 2010s. By the end of 2020, 108 countries had completely abolished the death penalty for all crimes; yet 56 countries worldwide retained it (125), and at least 35 had death penalty for drug offenses (126). In 2019, approximately 116 people were executed for drug offences worldwide and in 2020, 30 executions were registered in 3 countries (China, Iran and Saudi Arabia). The remarkable drop might represent the exceptional year due to the COVID-19 pandemic but may also represent changes in countries legislation and increasing moratoriums. Nonetheless, 2020 still saw 10 countries sentencing at least 213 people to death for drug offenses, an increase when compared to 2019 (126). Europe holds the greatest concentration of abolitionist countries, with only one nation (Belarus) retaining capital punishment as a legal penalty and one (the Russian Federation) having death penalty under moratorium since 1996 (125). Abolishment of the capital penalty for drug offences and other crimes is a central goal of the entire global community, and has been advocated for by the Council of Europe.

■ Regarding harm reduction, Europe remains at the forefront worldwide. In 2020, Europe was still one of the regions with the greatest number of harm reduction services available in the world: almost half of the countries worldwide where NSP and OST are available are in Europe, and ten out of twelve countries with officially sanctioned drug consumption rooms are European. More than ninety percent of the countries have at least one NSP or OST site, and more than ninety percent reference harm reduction in their national drug policies. Geographic gaps and an uneven distribution of services still exist, however, and harm reduction coverage and funding are far from sufficient. People who use drugs still face barriers to access health care due to high-threshold regulations, stigma, and criminalisation of drug use. Some sub-groups of people who use drugs experience extra barriers for service access in Europe, including women who use drugs, men who have sex with men, people who use stimulants, or non-injecting methods of drug use, undocumented migrants, and people experiencing homelessness. Moreover, while some countries have successfully implemented harm-reduction programs in prisons to reduce the health risks of people who are incarcerated, these initiatives remain insufficiently available (103,127).

■ The international drug control and the war on drugs have led to the violation of human rights of people who use drugs in the entire world for many decades. Especially in the last 10 years, community led networks have raised their voices to call for human rights to be at the heart of any debate on drug control (128). The year of 2011 witnessed the birth of the European Network of People who Use Drugs – the EuroNPUD²⁴, during the first European Harm Reduction Conference event in Marseille. Several networks of people who use drugs already existed in Europe, starting from the 1970s in the Netherlands. In 2010, during the International Harm Reduction Conference in Liverpool, the idea to kickstart an European network was born, coming into effect a year later (129)²⁵. EuroNPUD also works in partnership with the International Network of People who Use Drugs (INPUD). Both networks aim to promote the health and defend the human rights of people who use drugs, especially by fighting against misinformation, stigma, discrimination, and the negative impacts of criminalisation on people who use drugs and communities. As part of this, INPUD maintains a language reference guide providing advice on drug-related terminology that is acceptable to the communities of people who use drugs (130).

■ The 2010s was a decade of progress and development, despite the challenges that still need to be tackled. It brought more attention to human rights, harm reduction, as well as policy reforms towards decriminalising drug use and regulating drug markets. Overall, the world seems to navigate towards more evidence based and rights-based approaches, with many of such developments taking place in European countries.

24. See <https://www.euronpud.net/home2>.

25. For original video of EuroNPUD formation see <https://www.youtube.com/watch?v=D1EoD9YtrFc>. For video testimonies on the history of the movement of people who use drugs see the series „Taking Back What’s Ours“, by INPUD <https://www.youtube.com/playlist?list=PLUkduHmox5oinkURyWPZevja2RDyzMvYF>.

Part 2. Pompidou Group

■ The 2010s was a decade of evaluations and change in the Pompidou Group. From 2010 onwards the Group went through a period of great turbulence, against the backdrop of the financial crisis and political tensions: five member countries decided to withdraw - Germany, Denmark, Spain, the Netherlands, and the United Kingdom. Possible reasons for their decision include the number of more influential groups discussing overlapping issues around drug policies in the European Union and the UN, combined with limited (human) resources, and the membership fee of the Pompidou Group (3). Nonetheless, the Group kept expanding, with eleven new countries joining the Group in this decade. These included several Council of Europe member states (Northern Macedonia (2011); Serbia (2011); Republic of Moldova (2012); Montenegro (2012); Bosnia and Herzegovina (2015); Monaco (2016); Armenia (2020); Georgia (2020)) as well as, for the first time non-European states: Morocco (2011), Israel (2013) and Mexico (2017). In the Group's vision, the enlargement underlines the importance of the bridging role of the Pompidou Group, not only with the European neighbourhood, but increasingly also with other regions, following the ever-increasing globalization taking place in all fields of drug policy.

■ The Pompidou Group strived to address several challenges around drug policies in the 2010s. One of them, was recognising the importance of the gender dimension into drug policies. In 2013, the Group launched a research project to analyse the gender dimension of the non-medical use of prescription drugs. The project investigated the non-medical use of prescription drugs in 17 countries²⁶, among Pompidou Group Member States, former Pompidou Group Member States and members of the cooperation network in the Mediterranean region (MedNET) (131). Later on, an expert group researched and published on the life paths of women who use drugs, calling attention to their lack of access to drug treatment and harm reduction services (132,133). Moreover, in 2018, together with the Ministry of Foreign Affairs of Mexico and the National Institute for Women (INMUJERES), the Pompidou Group co-organized a conference in Mexico City focused on women in drug policies. The Conference exchanges showed a gap between policy and practice, unequal access to health care and social services, the double stigma of being a female drug consumer, the disproportionate criminal sanctions for women leading to impoverishment, marginalisation, and crime, as well as the lack of gender-sensitive social reintegration programmes, especially of those targeting the family and children of women incarcerated for drug-related offences.

■ Since 2010, the Pompidou Group has also been active in the field of training. Launched under Polish Presidency in 2010, the drug policy executive training initiative²⁷ links policy, research, and practice by providing initial and in-service training for drug policy makers. The main objective of the training is to develop expertise and build capacity to improve the effectiveness of the implementation, management, and evaluation of drug policies and related programmes. The Executive Training is conducted once per year, and its yearly topic is chosen by the Permanent Correspondents of the Group based on the emerging needs. These were, for instance, "Effective Governance of Coherent Drug Policies" in 2011²⁸; "Conducting a review of global drug policies and instruments with a view to national and European drug policy priorities – a contribution to the preparation for the 2016 UNGASS"²⁹ in 2015, and "Incorporating gender dimensions in drug policy practice and service delivery" in 2019³⁰. Advancing in this line, the 2019-2022 work programme of the Pompidou Group foresaw the implementation of the Academy for Drug Policy which aims to facilitate expertise and build capacity for more effective implementation, management and evaluation of coherent drug policies and related programmes. Cooperation with a university gives academic validation to the programme. The Academy aims at responding to the challenge of understanding the complexity of drug policy and the different policy options. Its first training course – the Drug Policy Executive Course – opened for inscriptions in 2021³¹.

■ Throughout the decade, the Pompidou Group also worked closely with national policy makers and practitioners to develop drug strategies and tools that focus on improving health and human rights in criminal justice systems. As a result, the Criminal Justice and Prisons Programme was launched in 2012 to develop drug legislation, including alternatives to sentencing and imprisonment, as well as drug treatment and harm reduction services in prisons (134). A research project on drug-treatment systems in prisons in Eastern and South-East Europe focused on the situation of people who use drugs among criminal justice populations and

26. Cyprus, Czech Republic, Egypt, France, Germany, Greece, Ireland, Israel, Italy, Lebanon, Lithuania, Malta, Morocco, Serbia, The Netherlands, Tunisia, and Wales.

27. See <https://www.coe.int/en/web/pompidou/activities/executive-training>.

28. See <https://rm.coe.int/pompidou-group-syracuse-university-trans-atlantic-executive-training-o/168075bf4e>.

29. See <https://rm.coe.int/pompidou-group-2015-executive-training-conducting-a-review-of-global-d/168075ef78>.

30. See <https://rm.coe.int/2019-training-course-flyer-eng/1680908d4e>.

31. See <https://www.coe.int/en/web/pompidou/-/application-open-drug-policy-executive-course-new-comprehensive-advanced-course-for-senior-manage-1>.

the corresponding health-care responses in nine countries³² in these regions (135). Moreover, during the 2010's, the Pompidou Group strived to strengthen its cooperation with civil society actors. The Group stressed the importance of civil society participation as a consistent element of the democratic process and encouraged its involvement in the development and implementation of policies, programmes, projects, and activities. In this context, the Group developed a policy guide on government interaction with civil society on drug policy issues, stressing the importance of civil society participation for policy planning and implementation (136).

■ In 2016, an internal mid-term evaluation of the Pompidou Group's work in the decade showed that the Group's visibility and relevance had increased significantly. This was attributed, among others, to a great extent to the Group's active participation in and contributions to international events such as UNGASS 2016, CND, WHO, OAS/CICAD, EMCDDA, and ECDC meetings. The Group's ability to respond to highly prominent topics in a timely manner was evaluated as another factor increasing the added value of the Group. Through seminars, training, working groups, and research, the Pompidou Group addressed important drug policy topics: interacting with civil society, assessing costs and unintended consequences of drug control policies, introducing a gender dimension into drug policies, meeting the challenges of the New Psychoactive Substances, and addressing the online market of drugs, among others.

■ Finally, along with its commitment to the principles of the Council of Europe, the Pompidou Group took in the 2010s a renewed approach on human rights. The human rights dimension has been identified as an important cross-cutting guideline for all the Group's activities. At the 16th Ministerial Conference of the Pompidou Group in Strasbourg in 2014, entitled "Drug policy and human rights: new trends in a globalised context", the Group's work programme for 2015-2018 was adopted. There, bringing Human Rights to the forefront of drug policy is a main priority. At the 81st meeting on 21 and 22 November 2017 in Strasbourg, the Permanent Correspondents of the Pompidou Group made a Declaration on the need to integrate human rights into the development, implementation, monitoring, and evaluation of drug policies. To promote this objective, the Group adopted a statement asserting that its member states will:

- ▶ Promote the respect of the rule of law
- ▶ Recall the constant and determined opposition to the death penalty, in all places and in all circumstances, and urge all States still applying this inhuman punishment to establish a moratorium for its definitive abolition
- ▶ Condemn extrajudicial executions and all forms of arbitrary or extrajudicial arrest and detention, and the use of torture and other cruel, inhuman, or degrading treatment or punishment in all circumstances
- ▶ Adopt and implement comprehensive and balanced national drug policies in order to improve prevention, especially for juvenile audiences, and access to healthcare for drug dependent people, including those in detention
- ▶ Contribute to reducing stigma and discrimination of drug users
- ▶ Promote the mainstreaming of gender aspects in all areas of drug policy, and
- ▶ Increase awareness of human rights instruments and the need to implement them (137).

■ At the 17th Ministerial Conference of the Pompidou Group held in Stavanger in 2018 (entitled Sustainable drug policies respectful of human rights), the Member States of the Pompidou Group decided to launch a process to review the Group's mandate, functioning and working methods. The aim of the revision was to better reflect current developments in drug policy and the challenges to be met at national and international level. The follow-up to this decision is an integral part of the Pompidou Group's 2019-2022 work programme adopted by the Ministers, who elected Portugal to chair the Group for the period under review.

32. Albania, Bosnia-Herzegovina, Georgia, Moldova, Montenegro, Russia, Serbia, Macedonia, Ukraine, and Kosovo.

Human Rights are not a policy choice, they are an obligation

by Jan MALINOWSKI,
forth Executive Secretary of the Pompidou Group

Jan Malinowski was the Executive Secretary of the Pompidou Group from December 2014 to June 2018. Since July 2018, he has been the Head of Department of the European Social Charter, one of the two main Council of Europe human rights treaties. He is also the Executive Secretary of the European Committee of Social Rights. Earlier, Jan served as Head of the Information Society Department, Head of the Media Division, and middle manager and member of the Secretariat of the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT). Before joining the Council of Europe in 1993, Jan qualified as a Spanish lawyer and as a solicitor in England and Wales and was a practising lawyer in Barcelona and London for eight years.



■ Seven weeks after the President of the United States, Richard Nixon, declared a “war on drugs” and called drug use “public enemy number one”, the French President, Georges Pompidou, proposed a concerted response to the phenomena to six European Prime Ministers.

■ Strong emphasis was placed on fighting drug abuse and illicit trafficking in drugs, but the multifaceted nature of the challenge was acknowledged from the outset: the proposal involved bringing together experts in enforcement, treatment, health, and education. This multidisciplinary approach has persisted as a feature of the Pompidou Group over the last fifty years. It was further reinforced when the Group was incorporated into the Council of Europe as an enlarged partial agreement (in March 1980). At that point, the Pompidou Group embraced inevitably and unconditionally the Organisation’s core values: human rights, democracy and the rule of law.

■ Human rights became ever present—on a backdrop—and were re-affirmed at every step of the way. But the broader setting in which the Pompidou Group had to operate influenced priorities: say no to drugs (in the 1980s), harsh repression and the promise of a drug free world (1990s), double down because “we can do it” (2000s). By then, the added human and, in consequence, human rights fallout (stigmatisation and discrimination, health problems, mounting numbers of deaths, homelessness, criminalisation and rampant imprisonment, drug related crime and exploitation, colossal markets in criminal hands) became unbearable.

■ Despite the bleak scenario and the widespread assurances to follow the evidence and the science, there was significant resistance to take the human rights challenge head-on. I remember a conversation with a senior ministerial legal advisor in 2015 who stated emphatically: “all this human rights talk is fine and good ... as long as nothing changes”.

■ Some eyebrows raised when we heard during the 2016 UNGASS³³ the figures of estimated preventable drug-deaths worldwide. One preventable death is one too many: it could attract human rights responsibility if reasonable alternative policy measures could have saved the person’s life; hundreds of thousands of deaths every year are a human rights disaster, a humanitarian catastrophe. Ahead of that event, the Secretary General of the Council of Europe issued a compelling statement: “Human rights are not a choice but a legal obligation on states in all policy areas, including drugs”.

■ Throughout, the Pompidou Group continued to underscore the importance of human rights: policy coherence³⁴, mental health³⁵, harm reduction³⁶, austerity³⁷, etc. One feature of the Group’s message was the absolute condemnation of the death penalty—an affront to human dignity—for drug offences, or indeed for any offence, in line with the Council of Europe’s principled position that turned the continent into a death

33. United Nations General Assembly Special Session (UNGASS) on the world drug problem, New York, 19 April 2016.

34. Policy Paper providing guidance to policy makers for developing coherent policies for licit and illicit drugs (2011)

35. Mental Health and Addiction in Prisons (2013)

36. Harm reduction (2013)

37. Austerity. Athens Declaration on protecting public health by ensuring essential services in drug policy under austerity budgets (2013)

penalty free space³⁸. It repeated its human rights and evidence messages at every opportunity, including at international meetings and events (UN, CND³⁹, UNGASS). A human rights sensitive approach to drug policy cannot ignore either evidence or science. Inertia progressively gave way to recognition of the failure of repression-based policies in respect of substance use.

■ The Pompidou Group was not alone calling for human rights sensitive approaches to substance use and to combatting illicit trafficking, and the collective voice was becoming deafening (civil society, European Union, WHO, in addition to many governments separately or collectively). The Group agreed on the need to give concrete meaning to human rights in drug policy and set out to dig up the evidence in order to make better policies. In its Work Programme for 2015-2018, “Bringing Human Rights to the forefront of drug policy” was one of three main thematic priorities. This fortunate development concurred with my joining the Pompidou Group’s support team.

■ The 2015-2018 Work Programme also stated: “Member States shall be supported in meeting their obligations under the Council of Europe and United Nations Conventions to protect fundamental rights and freedoms, in particular the right to life and human dignity, the right to protection of health, the right to equitable access to quality health care services for all, the prohibition of any type of discrimination as well as the right of children to be protected from narcotic drugs and psychoactive substances.”

■ Less than three years after the adoption of that Work Programme, in 2017, the Pompidou Group’s Permanent Correspondents made a lighthouse statement on bringing human rights into drug policy development, implementation, monitoring, and evaluation⁴⁰. Equally valid for states and for international and regional organisations, it posited that: “Mechanisms in place should be capable of bringing to light not only evident human rights issues - such as the death penalty - but also offer an opportunity to redress more subtle consequences that are difficult to discern when focussing on bigger (e.g. societal) concerns.”

■ The Pompidou Group acknowledged the current impossibility to give an authoritative and comprehensive view as to the human rights dimension of drug policy due to the absence of concrete guidance from the bodies entitled to interpret and construe international human rights law, including the European Court of Human Rights. Nevertheless, it pointed to the existence of a range of indicators that policy and decision makers could rely upon, available from entities such as the World Health Organisation (WHO), the Joint United Nations Programme on HIV/AIDS (UNAIDS), the UN Office on Drugs and Crime (UNODC), the UN Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, or the UN High Commissioner for Human Rights, as well as guidance adopted by the Pompidou Group itself.⁴¹

■ The Pompidou Group’s human rights work has continued—even intensified—in recent years^{42,43}. More tangible outputs and products are in the pipeline⁴⁴, while other Council of Europe bodies also contribute to the common human rights endeavour. In particular, the Parliamentary Assembly of the Council of Europe recently adopted a resolution and recommendation on “Drug policy and human rights in Europe: a baseline study”^{45,46}, which express support for the Pompidou Group’s human rights work and encourages its pursuit.

■ Some members of the Parliamentary Assembly also took steps to table a motion, but did not follow it through, with a view to recommending to the Committee of Ministers to take steps towards the elaboration of an additional—or optional—protocol to the European Convention on Human Rights with a view to removing the reference to “alcoholics or drug addicts or vagrants” from its Article 5.1.e. This would be a very welcome human rights development.

■ As a cross-cutting issue, it is unsurprising that the European Committee for the Prevention of Torture and Inhuman or Degrading Treatment or Punishment (CPT) touched upon the question of substance use and treatment for related disorders in custodial settings, or that the European Committee of Social Rights included questions concerning drug policy and its social rights outcomes in its questionnaire for Conclusions 2021 within the framework of its reporting procedure⁴⁷.

38. Except for Belarus, one of the obstacles to that country’s accession to the Council of Europe.

39. United Nations Commission on Narcotic Drugs, the intergovernmental policymaking body of the United Nations system with prime responsibility for drug-related matters.

40. <https://rm.coe.int/pompidou-group-statement-on-bringing-human-rights-into-drug-policy-dev/1680770b40>

41. More in Pompidou Group publications <https://www.coe.int/en/web/pompidou/publications>

42. Psycho-social support to tackle trauma-related symptoms and related substance use disorders (2018)

43. Human rights and people who use drugs in the Mediterranean region (2020)

44. For example, a self-assessment tool on human rights and drug policy

45. <https://pace.coe.int/en/files/28769/html>

46. <https://pace.coe.int/en/files/28770/html>

47. <https://rm.coe.int/appendix-questions-rev-charter-2021/16809efaf1>.

■ There are other Council of Europe areas that may also have valuable contributions to make on human rights and policies on psychoactive substances and related disorders—children, gender equality and women’s rights, criminal law, justice, and the rule of law, etcetera—but the Pompidou Group should, and I am convinced it will, continue to have a central and a leading role. Bringing human rights into drug or psychoactive substance policy development, implementation, monitoring and evaluation has only started. Drawing all the necessary consequences will take time.

■ All this human rights talk is fine and good, and it must lead to positive change. Given what is at stake, no one—least of all the Pompidou Group—should shy away from the challenge.

50 years, the age of maturity, is a good time to take stock, but also to look to the future

by Laura d'ARRIGO,
Diplomatic Advisor Inter-ministerial Mission for
the Fight against Drugs and Addictive Behaviours

After eight years in various positions within the European institutions, both in the Parliament and the European Commission, Mrs. d'Arrigo joined the Strategic Affairs and Disarmament Directorate of the Ministry of Foreign Affairs in Paris. She is currently the Diplomatic Advisor of the Interministerial Mission for the Fight against Drugs and Addictive Behaviour (MILDECA), a department of the French Prime Minister, where she is responsible for international action. Between 2010 and 2014 she was President of the Permanent Correspondents of the Pompidou Group of the Council of Europe. Since 2016 she is the President of the Board of Directors of the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA).



■ As far as the balance sheet is concerned, the initiatives of the Pompidou Group are in line with the great achievements of the Council of Europe in the promotion and protection of democracy, the defence of human rights and the construction of the rule of law in Europe. A greater Europe that wishes to progress and prosper with its neighbours, with special attention to the countries around the Mediterranean and those of eastern and south-eastern Europe.

■ In an international panorama characterized by the presence of numerous bodies active in the field of drugs, the Pompidou Group represents a unique tool for dialogue due to its geographical composition and its humanistic anchorage.

■ For me, the Pompidou Group is above all the story of the professional and often personal commitment of its members. I have always been struck by the willingness of country delegates and members of the secretariat to move this common project forward.

■ This commitment has enabled us to share our experiences, to pool our knowledge, to confront, sometimes heatedly, our ideas and opinions, to initiate ambitious projects in the fields of prevention, training, care and risk reduction, and the fight against trafficking, in order to change the way we look at others but also at ourselves, to improve our policies and practices and, sometimes, our legislation.

■ France held the Presidency of the Group between 2010 and 2014, with two successive Presidents of the Interministerial Mission for the Fight against Drugs and Drug Addiction, which later became the Interministerial Mission for the Fight against Drugs and Addictive Behaviours: Mr Etienne Apaire and Ms Danièle Jourdain-Menninger.

■ The French Presidency, in close cooperation with the Executive Secretary, Mr. Patrick Penninckx, had initiated a reform of the Group's functioning to make it more operational, to refocus its work on priorities clearly identified by all countries, to draw up an annual report on the actions carried out, and to have recommendations adopted by the Permanent Correspondents, thus helping to clarify the Group's role and increase its visibility, while ensuring complementarity with the action carried out by other international organizations.

■ The adoption, in 2013, of the Guidance Document on the prevention of risks and reduction of harm related to psychoactive substances made it possible to establish a framework to promote access to care for drug users as a fundamental right and to get out of the often ideological debate that still surrounded this issue. We initiated work on addictions in the workplace, which led to the adoption of a reference framework shared by representatives of countries, international organisations concerned, and employer and union federations. In addition, we consolidated the work on the fight against the detour of chemical precursors, insisting on the need to share and pool resources between law enforcement agencies (police, customs, and gendarmerie), but also on raising awareness of these issues among magistrates, as well as on the importance of increased involvement of the private sector.

■ The excellent cooperation with the European Monitoring Centre for Drugs and Drug Addiction has also enabled us to develop partnerships in many countries in order to strengthen our capacity to analyse the health and security situation.

■ We have also worked to strengthen cooperation between the two shores of the Mediterranean. Despite the difficult and changing context in some countries, the MedNet network of countries around the Mediterranean also expanded during this period, with the arrival of Greece, Cyprus, Egypt, and Jordan, and the participation, for the first time, of a Palestinian delegation in the network's work.

■ Other contributions in this book are devoted to the MedNET network, but I would nevertheless like to acknowledge what I believe to be one of the most important achievements of the Pompidou Group and one of the finest examples of the professional and personal commitment to which I referred. Thanks to a method of regional cooperation that is pragmatic, dynamic, respectful of cultures and adapted to each country, as well as to the determination and professionalism of the executive secretariat and in particular of Mrs Florence Mabileau, many results have been achieved. In the most difficult moments of economic and political crises, in the darkest moments of terrorist attacks, this willingness to cooperate has never wavered, on the contrary, it has been strengthened and even deeper links have been forged, between the two shores of the Mediterranean, but also between the countries of the southern shore. The representatives of MedNET have always been present, have constantly proposed actions and have actively contributed to the activities allowing concrete achievements of which we can and should be proud.

■ As far as the future is concerned, the statutory revision currently underway, which I hope will be completed by the time this book is published, shows the Group's ability to evolve, to adapt to new challenges, to review its objectives, its field of competence, its missions, its working methods, and to intensify dialogue with civil society actors, while respecting the prerogatives of the States.

■ The extension of the Group's mandate to include addictive behaviours enables it to be in line with recent scientific studies which establish concordances in the mechanisms of addictions between all substances, licit or illicit, but also with the evolution of prevention and care tools which have scientifically demonstrated their relevance.

■ I hope that this body will continue to be the precursor of fruitful initiatives, to encourage cooperation and dialogue in all its forms, and that it will continue to speak out strongly and positively on behalf of all those concerned by addictive behaviours, in order to help their lives evolve for the better.

The 50th Anniversary of The Pompidou Group: Drug Policy and Human Rights

by Lilly Sofie OTTENSEN,
former Chair of the Permanent Correspondents (Norway)

Lilly Sofie Ottesen is currently the deputy director general at the legal department of the Ministry of Education and Research in Norway. She has a degree in Law from the University in Bergen, Norway (1999), and she also studied law at Hamline University School of Law in MN, USA (1997). From 1999 she worked as an advisor, and from 2006 deputy director general, at the Norwegian ministerial unit on Alcohol, Illicit Drug and Tobacco Policy, currently seated at the Ministry of Health and Care Services. She was the PC of Norway to the Pompidou Group from 2006 to 2020, held Norway's seat on the PG Bureau for more than a decade, and was the Chair of the PCs during the Norwegian presidency (2015-2018). Ottesen was also the Norwegian representative to the management board of the EMCDDA from 2006 to 2020 and worked for the European Commission in Luxembourg in 2004.



■ As a teenager, I visited Strasbourg and the Palais de l'Europe building. The flags, the history, it had a profound impact on me, and a goal was set – to come back as an adult, to contribute to the promotion of the Council of Europe values.

■ Decades later, when in Strasbourg, stressed over days with too few hours, inboxes with too many unread items and meetings with too many agenda points, I tried to recall the determination of that teenager, and to remind myself, why I was there, and why the Pompidou Group is there: Democracy, human rights, and the rule of law. The core values of the Council of Europe. A more meaningful framework for cooperation on the many difficult issues regarding illicit drugs and drug addiction you could not find.

■ I first accompanied Mr Ketil Bentzen, the Norwegian PC and chair of the PCs through large parts of the 1990s, to Strasbourg in 2002. After his retirement, I took over his seat, and it was with the aim to consolidate and move further, I took on the task as chair of the PCs in 2015.

■ The 2015–2018 work programme was entitled “Drug policy and human rights: new trends in a globalised context”, and the priorities circled around human rights, positive and negative implications of drug policy, and new challenges. A timely title and important priorities for the voice of the Pompidou group in the polarised global drug policy debate at the time.

■ During the four years, drug policy and drug policy debate evolved. Drug policy in many states, Norway included, passed through considerable changes on how we understand and define drug use. The tendency was to place stronger emphasis on health and human rights, and to describe drug use more as a health problem than as a crime problem. This was for instance reflected in raised awareness on the language we use, on how we describe drug use and people who use drugs, with an intention to avoid stigmatising language. The work of the Pompidou Group contributed positively to the debate.

■ One of the aims of the Norwegian presidency, was to increase awareness about the fact that human rights should be recognised as a key premise for drug policy issues. The Pompidou Group commissioned and published a report on bringing human rights into the forefront of drug policy, and the ministerial conference in Stavanger, Norway in 2018 endorsed a statement highlighting some of the findings.

■ In 2016, the Pompidou Group participated in the United Nations General Assembly Special Session (UNGASS) on illicit drugs. Although many had aimed and hoped for even stronger progress, the UNGASS 2016 outcome document did highlight, among other topics, the need to keep the human rights agenda on top of the drug policy development scene, and the Pompidou Group was one of the actors that contributed to putting this on the agenda.

■ Another priority of the time was to recognise and highlight the role on the drug policy arena of civil society in general and of people who use drugs in particular. The Pompidou Group adopted a policy paper on government interaction with civil society on drug policy issues and moved on to include a section on civil society cooperation in its revised operational guidelines, also endorsed by the ministerial conference.

■ The Pompidou Group's core mission is to contribute to the development of effective and evidence-based drug policies in its member states, by offering a forum for open debate, exchange of experiences and, as a platform for science and evidence-based innovation, linking policy, research, and practice. I believe that the strength of the Pompidou Group is to be found in its ability not only to allow, but to expect and welcome, open debate. The multidisciplinary nature of the group is in my view another important success factor – as this makes it possible to take into account the viewpoints of different sectors – health, social, law enforcement and so on – at the same time.

■ Also, during the years 2015–2018, the group contributed to shed light on the drug policy debate itself: growing awareness about the fact that the term 'unintended consequences' was often used in the heated and polarised debate, although it was often unclear what meaning different actors gave the term, led to a project where the aim was to improve the knowledge base and thus pave the way for a better discussion climate. A good illustration on the Pompidou Group's added value and capability to offer an open debate even on controversial issues and to bring the debate further.

■ In my view, the added value of such projects under the Pompidou Group umbrella, is not only the concrete products, but also the process itself. The debates in the forum of the Permanent Correspondents and in expert groups, bring awareness to representatives of all PG member states, and beyond, to how policy choices are viewed in other states and the reasons for this, all in an atmosphere where the debate climate is open and informal. This creates building bricks for understanding and progress.

■ Another way to create building bricks, is to join forces by cooperating with and creating synergies between the Pompidou Group and other actors, such as the European Commission and the EMCDDA on regional level, and the CND at international level, which has also been a priority for the Pompidou Group throughout its history and during the years 2015–2018.

■ During these years we saw successes like the Airports Group, which celebrated its 30th anniversary, and the MedNet, which celebrated its 10th anniversary, continue to thrive. The Pompidou Group training activity grew into an academy of drug policy, a big step for the group. Some new work methods were explored, and two symposiums held; one entitled 'Experience with New Evolutions in Drug Policy. Evolution of cannabis regulation policies: experiences as a result of new policies and responses' in Oslo, Norway in 2015, and one about new psychoactive substances in Venice, Italy in 2016.

■ Also, other activities were carried out, and the broad portfolio show the flexibility and the broad scope of the Pompidou Group. The portfolio also portrays another strength of the group – the ability to cater to immediate needs, to put current events on the agenda. On the downside, one could argue that the portfolio is too heavy, or too scattered. One of the greatest challenges of the Pompidou Group is to make priorities. In my view, the Pompidou Group needs to keep and protect its multidisciplinary. At the same time, it is important not to spread the limited resources on too many projects at the same time. Perhaps the focus should be on fewer issues at a time, in order to allow for more in-depth analyses? What the priorities should be, is not for me to conclude, but the one conclusion I do reach, is that the need to prioritise and to develop even better tools on how to make priorities, will be present also in the years to come.

■ During the work plan period, the group saw increased interest from non-member states, and welcomed Bosnia and Herzegovina to the group in 2015, Monaco in 2016 and Mexico in 2017, bringing the total number of Pompidou Group member states to 39. Only by making careful priorities while safeguarding the strengths of the group, will the Pompidou Group continue to be of interest to its members and others, and I trust that the reviewing of the Pompidou Group's mandate, operation and working methods will contribute positively.

■ It is my hope that the Pompidou Group in the four-year cycle 2015–2018 contributed to highlight and enhance the understanding of the core values of the Council of Europe – democracy, human rights, and the rule of law, and I am thankful for the opportunity to contribute to the work of the group, while fulfilling the goal of that teenager under the flags of the Palais de l'Europe building.

The Pompidou Group beyond Europe

by Jorge LOMONACO, Ambassador,
Permanent Observer of Mexico to the Council of Europe
from June 2019 to May 2021

Before his arrival in Strasbourg, Jorge Lomónaco was Permanent Representative of Mexico to the Organisation of American States (2017-2019). Between 2013 and 2017 he was Permanent Representative of Mexico to United Nations and other International Organisations in Geneva. Ambassador Lomonaco has been decorated by the Kings of Spain (Orden Isabel La Católica's Encomienda de Número), Sweden (Kommendör) and by the Queen of the Netherlands (Grand Cross of the Order of Oranje Nassau) and is recipient of several awards and recognitions including the 2017 Arms Control Persons of the Year Award.



■ The establishment of the Pompidou Group in 1971 followed two Council of Europe's (CoE) long-established traits: to develop higher, common standards and to, whenever possible, share them globally. And while new CoE conventions only allow for extra-European positions when non-CoE members actively participate and influence the outcome of their negotiations, the admission of non-CoE members to the Pompidou Group was meant to enrich its work with different perspectives and experiences. Indeed, Mexico joined the Pompidou Group in 2017 convinced on the importance of sharing practices and exchanging opinions with likeminded countries with a view to finding and developing different approaches to deal with the problem of drug abuse and illicit trafficking, some of which may eventually substitute the global arrangements that have failed. Ever since, it has actively participated in the Group, working hand in hand as equal to other members. In turn, the Pompidou Group has successfully brought in Mexico's views and positions to its work and outcomes.

■ Mexico's admission to the Pompidou Group was a natural result of now more than two very productive decades as Observer to the Council of Europe, where my country has enjoyed a front row seat on developments of democracy, human rights, and other political questions relevant to the continent and has had the opportunity to participate in a privileged forum for reflection, innovation, and exchange. As a result of our growing convergence, Mexico is today an active member of not only the Pompidou Group but also the Venice Commission and has signed nine and ratified eight conventions and protocols of the CoE, a testament to the fact that geographic distance has not prevented my country from sharing the very same values on human rights, democracy, and the rule of law.

■ Through these years, Mexico has been perceived by the Council of Europe and its members as a gateway to Latin America and the Caribbean and, to some extent, to the Organisation of American States (OAS). This perception was formalized by the recently established CoE-Mexico Strategic Partnership (2020), where both parties agreed to work together in promoting the entry into force and full implementation of relevant Council of Europe treaties, as well as the accession of non-member States, and in particular Latin American and Caribbean States, to relevant CoE treaties. True to this vocation and even before the establishment of the Strategic Partnership, Mexico has been and will continue to work in promoting the Pompidou Group in the Americas and in attracting likeminded Latin American countries to join the Group. The admission of Canada to the Pompidou Group is therefore a most welcome development.

■ Not everybody is aware that CoE is, to some extent, the European counterpart of the OAS -and vice versa. Both organizations are pan regional and thus have a much-diversified membership. They share two pillars (human rights and democracy), and both work to establish common standards through the negotiation of both legally binding and soft law guidelines. Similarly, both the CoE and OAS have established courts for the protection of human rights and liberties of citizens of their respective State parties. In turn, the OAS drugs and addiction arm, the Inter-American Drug Abuse Control Commission (CICAD), has evolved from a reactive, naming and blaming, confronted agency into a platform of cooperation, reflection and exchange of views, as well as a forward-looking forum, much like the Pompidou Group is. In this context, the new Memorandum of Understanding (MoU) between the Pompidou Group and CICAD, recently signed by the secretary-generals of CoE and OAS, just makes sense. It supplements the original MoU of 2011, establishing a more detailed framework for co-operation on actions against illicit drugs and is a recognition of the excellent and growing co-operation between the Pompidou Group and CICAD, its counterpart in OAS.

■ There is clearly a broad range of opportunities for the Pompidou Group to continue contributing creatively to better, higher standards to deal with drug abuse and illicit trafficking, placing the human being at the centre of every initiative. The new self-assessment tool on human rights indicators for drug policies is one very good example. At the same time, the Group should strive to selectively but actively bring in new stakeholders to contribute to its future work. I do understand the importance of bringing back CoE members that left the Pompidou Group and attract those who never joined. It should indeed continue to be a priority. But as the successful participation of non-CoE members like Mexico and Morocco and the MoU with OAS has shown, the Pompidou Group has earned its rightful place to deal with a global problem at global level and, consequently, should also keep expanding its horizons and enriching its work beyond Europe. Mexico is willing to play its part.

Linking research, policy, and practice through executive training program

by Janusz SIEROSLAWSKI and Piotr JABŁOŃSKI



Janusz Sierosławski

Sociologist, researcher from the Institute of Psychiatry and Neurology in Warsaw, he occupies the position of Permanent Correspondent of Poland to the Pompidou Group since 2007. From 1994 until the beginning of the current century he was involved in activities of research platform of the Pompidou Group. Through the National Bureau for Drug Addiction, he cooperates with the European Monitoring Centre of Drugs and Drug Addiction (EMCDDA). Author or co-author of about 150 scientific publications on alcohol and drug problem as well as other addictions.



Piotr Jabłoński

He holds a PhD in Medical Sciences from Poznan University of Medical Sciences. He graduated from the Pedagogical Faculty at Warsaw University and completed postgraduate studies in healthcare management at the Faculty of Economic Sciences at the University of Warsaw. He is a specialist in pharmacotherapy and has many years of experience working with addictions. Mr Jabłoński is the Secretary of the Interministerial Council for Counteracting Drug Addiction – a coordinating and advisory body to the President of the Council of Ministers.

■ One of the milestones in the development of the Pompidou Group's mission formulated in the background paper *Drugs and Drug Dependence: Linking Research, Policy and Practice: Lessons Learned, Challenges Ahead* elaborated by Richard Hartnoll and published by the Pompidou Group in 2004. The key point was the idea to link research, policy and practice when dealing with drugs and drug dependence. This idea arose from careful observation of reality. At the time policy makers rarely referred to the results of scientific studies and they did not often listen to the opinions of practitioners. Practitioners have limited access to results of research; hence prevention or treatment activities not rarely were far from scientific evidence. At that time, researchers were also not always interested in practical consequences of their studies. Language used by policy makers, researchers, and practitioners sometimes differed to such an extent that it made communication between these different stakeholders difficult or even impossible. A comprehensive, intersectoral training concept can become an important tool to link perspectives of researchers, policy makers and practitioners. Therefore, when Poland took over the Pompidou Group's presidency in 2007 a training initiative was launched that became the flagship of our program.

■ The Polish Presidency of the Pompidou Group in 2007-2010 developed the idea to offer training based on scientific evidence and rooted in the ideas of human rights. This idea was founded on basis of previous capacity building activities delivered by Pompidou Group.

■ In the 1990s, the Pompidou Group carried out a series of trainings with great success called Demand Reduction Staff Training Programme, widely known as DRSTP, for drug policy makers and planners. People participating in the training highly appreciated the practical usefulness of the experience gained through these trainings, and some of them continue to be active participants in drug policy to this day.

■ At the beginning of the 21st century, during the Dutch Presidency, under the leadership of Dr Bob Keizer and while Poland held the vice-presidency of the Group, the need to modify and modernize the mission and role of the Group was discussed. It was then that the idea of transforming at least part of it into a kind of drug policy academy emerged, resulting from the growing awareness of the need to demonstrate to the international community how to effectively improve the standards and quality of drug policies.

■ The idea of combining the experience of science, practice, and research into an integrated concept to promote the development of drug policies based on the needs and rights of people affected by the problems of drugs and drug addiction still forms the DNA of the Group. Or to put it with the words of Prof Ambros Uchtenhagen: 'People using drugs have the right to life, liberty, bodily integrity, privacy, education, equality before the law, freedom of movement, assembly and association. The central point of citizens civil rights in democracies is that the individual can finally choose his lifestyle and goals in life within the limits of the given legal norms. This is also valid when his choices – apparent or actual – are hardly beneficial to his interests or even disadvantageous' (Uchtenhagen, 1998).

■ This inspired us to propose to the Permanent Correspondents of Pompidou Group the concept of establishing new focus area within Group that provided curricula and trainings for various stakeholders on the interconnectedness between drug policy, health, and law on human rights.

■ Since then, the training concept has gone through several development phases.

■ We started with an initial form which we called The Pompidou Group Training Initiative. After obtaining the approval of Permanent Correspondents, the ad hoc advisory Group on Pilot Training Course on Drug Policy Management was established, which developed the basic principles and training program. At this point, it is necessary to mention the merits of colleagues from Switzerland, and above all Dr René Stamm, and from the PG Secretariat, Mr Patrick Penninckx and Dr Thomas Kattau, who played key roles in developing a comprehensive training profile. By the end of the Polish Presidency the first training sessions had already been organised.

■ What then became known as the Executive Training on Drug Policy enjoyed a lot of attention and received high praise making it a success from the very beginning. Each year the number of interested professionals exceed by far the number of available places. After every edition of the training the feedback received was nothing but positive and further evaluation demonstrated that this training effectively met existing needs and interests.

■ During the last decade, the training formula was modernized and extended. The scientific side of the initiative has been strengthened by the involvement of Syracuse University and Malta University.

■ The experiences of the Executive Training revealed a need for full academic/professional programs to adequately prepare an effective drug policy workforce. As a response to this need the idea of the International Drug Policy Academy was taken up again and further developed. The Academy follows a model similar to the Harvard Kennedy School's Executive Certificate programs which recognizes that professionals have completed multiple executive training programs within a concentrated area, but they are not a formal academic graduate degree. The concept of the Academy was developed and then introduced into practice by Dr Thomas Kattau and Mrs Elena Hedoux who both played a key role in setting up this forward pointing venture.

■ The International Drug Policy Academy invariably combines elements of science, practice, and policy with the principles of human rights, the rule of law and respect for basic humanitarian values.

■ As it stated in concept paper 'participants engaged with the International Drug Policy Academy will develop:

- Understanding of effective drug policies based on evaluation and evidence
- Abilities to identify various policy options and their efficiency
- Understanding of the complexity of drug policy and diverse policy options
- Working knowledge of tools for more effective policy development, implementation, management, monitoring and evaluation
- Enhanced and professionally/academically validated competencies and skills.'

► There are two levels of courses foreseen:

- Executive Training in Drug Policy
- Drug Policy Executive Course

■ The first level of education offer will be attestation of participation in Pompidou Group training formally certifying the attendance and active participation. The second level of education will lead to a Certificate in Advanced Drug Policy Management. The first course is launched in 2021 to mark the Pompidou Group's 50th anniversary.

■ Today's world differs in terms of assessing the risks of addiction, but we believe that strengthening a balanced drug policy by underlining the importance of human rights and promoting the public health philosophy can create the gold standard for an evidence-based approach to the addiction phenomenon.

2021 - The Refoundation of the Pompidou Group

by Denis HUBER,
Executive Secretary of the Pompidou Group

After embarking on a diplomatic career in the French Ministry for Foreign Affairs, Denis Huber joined the Council of Europe in September 1993. He gained ten years' experience in the Secretariat of the Committee of Ministers, being directly involved in the preparation and follow up of two Summits of Heads of State or Government - the Strasbourg Summit (October 1997) and the Warsaw Summit (May 2005).

Between 2006 and 2012, he was first posted in Belgrade, as Special Representative of the Secretary General of the Council of Europe in Serbia, and then in Lisbon, as Executive Director of the Council of Europe North-South Centre.

After his return to Strasbourg, he has been successively working in the Congress of Local and Regional Authorities and in the Directorate General of Administration.

Since July 2018 Denis Huber is the Executive Secretary of the Pompidou Group.

He is the author of the book "A decade which made History: the Council of Europe 1989-1999", published in 1999, and the publication director (and co-author) of the book "Europe: a human enterprise" published in September 2019.



■ When I took office as Executive Secretary of the Pompidou Group on 1 July 2018, the most important event on the near horizon was the Ministerial Conference in Stavanger at the end of November 2018. The preparatory work was already well underway, in the hands of a very committed Norwegian Chair, supported by competent and efficient colleagues in the Secretariat, so I had time to think about the added value I could bring.

■ I began by delving into the history of the Pompidou Group, seeking to understand what made it unique and special, and the precise nature of its link with the former President of the French Republic. I also consulted my colleagues in the Secretariat, as well as the Norwegian and future Portuguese Presidencies, and I came to the conclusion that the Pompidou Group was at a turning point in its existence. In terms of its calendar, of course, since its 50th anniversary (in 2021) was on the horizon, but also in terms of its positioning within the Council of Europe and on the international scene.

■ This gave rise to the idea of launching a process to adopt a new statute for the Pompidou Group. I felt confident that I could carry out such a project, having already successfully carried out the same undertaking for the North-South Centre of the Council of Europe, when I was its Executive Director (2008-2012).

■ The idea became a formal proposal, presented jointly by the outgoing (Norway) and incoming (Portugal) presidency of the Pompidou Group, which - after having been welcomed by the Permanent Correspondents of the member states - was added to the draft "Stavanger Declaration", a few days before the Ministerial Conference. By adopting the Declaration at the end of the Conference, the Member States of the Pompidou Group thus decided to **launch a process of revision of the Group's mandate, functioning and working methods, in order to better reflect the current evolution of drug policy and the challenges to be met at national and international levels.**

■ The Resolution that set out the mission and objectives of the Pompidou Group at the time dated back to March 1980, when it was integrated into the institutional framework of the Council of Europe (with 11 participating States). This founding Resolution reflected the approach adopted when the Group was created in 1971 (on the initiative of Georges Pompidou) and has remained unchanged since then, even though the drug phenomenon and the way it is understood and dealt with have evolved considerably - as has the number of Pompidou Group member States: from 7 in 1971 to 39 at the end of 2018 (and 41 today).

■ The decision taken at the Stavanger Ministerial Conference was endorsed by the Committee of Ministers of the Council of Europe at the end of January 2019, thus allowing the process to be officially launched. We now had a clear and ambitious objective: **to have the Committee of Ministers adopt a Resolution including a new Statute for the Pompidou Group on the 50th anniversary of its creation in 2021.**

■ We also had a timetable: 2019 would be devoted to open discussions on what the member states expect from the Pompidou Group and how to strengthen its relevance, added value and complementarity with its partners on the international scene. The year 2020 would see the continuation of discussions, on the basis of a preliminary draft statute, and the extension of consultations to civil society, leading to the approval by the Permanent Correspondents of a draft statute at the end of the year, which would then be transmitted to the Committee of Ministers of the Council of Europe. The year 2021 would see the adoption of the Statute, more or less rapidly depending on whether the Committee of Ministers accepted the proposed text as it stands or wished to make amendments.

■ Four meetings related to the statutory revision process took place in 2019:

- ▶ A preliminary discussion was held in February 2019 at the Bureau meeting (restricted emanation of the Committee of Permanent Correspondents), followed by a written consultation of all Pompidou Group Member States;
- ▶ A general discussion with all Permanent Correspondents took place in Lisbon at the end of May 2019, where each Member State had the opportunity to express its views, expectations and priorities;
- ▶ Another restricted meeting (with the members of an informal ad hoc group created for this purpose) was held in Paris in September 2019;
- ▶ At the 86th meeting of the Permanent Correspondents on 20-21 November 2019 in Strasbourg, a second general discussion took place on the statutory revision process, where the floor was also given to countries that cooperate with the Pompidou Group (notably through its Mediterranean network MedNET) without being members. This meeting also provided an opportunity to establish synergies with the Parliamentary Assembly of the Council of Europe, which was preparing an important report entitled "Drug Policies and Human Rights in Europe: a Baseline Study".

■ In parallel, I conducted an extensive (bilateral) consultation process throughout the year with the Permanent Representatives of Council of Europe member states (including those who are not members of the Pompidou Group), as well as with senior officials of international partner organisations - the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA), the European Commission, the United Nations Office on Drugs and Crime (UNODC), the Inter-American Drug Abuse Control Commission (CICAD)/Organization of American States (OAS).

■ In view of the 50th anniversary, I have also contacted personalities who have marked the history of the Group, in order to give historical depth to the planned celebration. First and foremost, Alain Pompidou, the son of the former President of the French Republic, and my predecessors as Executive Secretary, all welcomed my initiative and agreed to contribute. Thus, the idea was launched to produce a 50th anniversary publication, which would summarise - decade by decade - the issues and challenges posed by the drug problem at the international level, the responses that have been made, and the contribution made by the Pompidou Group. The publication would also include personal testimonies of personalities who have contributed to making the Group what it is today.

■ But in order to celebrate the future anniversary with dignity, it was also necessary to find an appropriate setting. And what better place, when you are called the "Pompidou Group", than the prestigious Centre Pompidou in Paris? Here too, the contacts I made were very positively received, and a window of opportunity was identified: end of October 2021 in Paris. All that remained was to ensure that the new statute was adopted by then!

■ By the end of 2019 the main guidelines of the future statute, as they had emerged during the discussions, were as follows:

- ▶ Reaffirmation of the Group's multidisciplinary approach, which has been its major characteristic since its creation;
- ▶ Extension of the Group's mandate (which was mostly desired) to include issues related to addictions and addictive behaviours linked to licit (and not only illicit) substances, but also to non-substance addictions (e.g. online or video games);
- ▶ Priority focus on the respect and promotion of human rights in the design, adoption and implementation of drug policies;
- ▶ Change of the official name of the Group ("Co-operation Group on Drug Abuse and Illicit Trafficking") to better reflect its multidisciplinary, human rights-based approach, as well as its possible expanded mandate;
- ▶ Strengthening the identity of the Pompidou Group as an integral part of the Council of Europe by creating (or reinforcing) synergies with other relevant entities of the Organisation;

- ▶ Highlighting the added value that the Group offers to its member states;
- ▶ Strengthening co-operation with civil society;
- ▶ Defining complementary objectives to those of other international organisations to allow for cooperation and synergies, thus avoiding competition and duplication of activities.

■ On this basis, I drafted a preliminary resolution on the new status of the Pompidou Group in January 2020. A first discussion on this text took place at the Bureau meeting in Paris in February, and a revised version was then sent to all Permanent Correspondents. This led to the preliminary approval of a text at the Permanent Correspondents' meeting on 3 June, which was held exclusively online for the first time (the health crisis having passed through!).

■ This text was revised and completed by the Bureau at its meeting on 15 September, incorporating in particular the legal opinion received on 10 July from the Directorate of Legal Advice and Public International Law of the Council of Europe.

■ In parallel, my consultations continued, involving other key international partners, such as the World Health Organisation and the Office of the United Nations High Commissioner for Human Rights, in the Pompidou Group's statutory review process. Key civil society organisations or platforms, such as the EU Civil Society Forum on Drugs, the International Drug Policy Consortium (IDPC), the Vienna NGO Committee and the Council of Europe INGO Conference, were also invited to contribute. Finally, an extensive process of internal consultations with the relevant Council of Europe entities was carried out.

■ On 12 October 2020, the Parliamentary Assembly of the Council of Europe adopted its Recommendation 2177 (2020)⁴⁸ and Resolution 2335 (2020)⁴⁹ based on the report by Hannah Bardell (United Kingdom) entitled "Drug policy and human rights in Europe: a baseline study". In doing so, PACE gave strong support to the statutory revision process of the Pompidou Group, while inviting Council of Europe member states that are not (or no longer) members of the Group to join it.

■ Against this backdrop, the drafting phase was successfully finalised with **the unanimous approval of the draft Statutory Resolution at the 87th meeting of the Permanent Correspondents on 19 November 2020 in Strasbourg**. The text was subsequently transmitted to the Committee of Ministers of the Council of Europe for final adoption in 2021.

■ Discussions in the Committee of Ministers started at the meeting of the Rapporteur Group on Social and Health Questions (GR-SOC) on 14 January 2021. A call for comments was launched, and several contributions were registered, including a series of very substantial amendments from the Russian Federation. This triggered a complex process of diplomatic negotiations, which made me relive my ten years in the Secretariat of the Committee of Ministers (between 1996 and 2006).

■ It took two further meetings of the GR-SOC, on 4 March and 15 April, followed by two sessions of informal consultations (on 30 April and 26 May), to reach a consensus, which took the form of a draft **Resolution including the revised Statute of the Pompidou Group**, complemented by a draft **Declaration of the Committee of Ministers on the occasion of its 50th anniversary**. Both texts, after having been given the green light at the GR-SOC meeting on 3 June, were transmitted to the Committee of Ministers which adopted them on 16 June 2021⁵⁰, without further debate except for very positive interventions by the Hungarian Ambassador (as Chairman of the Ministers' Deputies), the Portuguese Ambassador (on behalf of the Portuguese Chairmanship of the Group), the French Ambassador and the Secretary General of the Council of Europe.

■ The adoption of the new statute by the Committee of Ministers had an immediate effect: the official name of the Pompidou Group is now "**Council of Europe International Co-operation Group on Drugs and Addictions**". This opens up new perspectives for the Group and provides it with an ambitious political and legal framework on which to base its development in the years and decades to come.

■ With its revised status, the Pompidou Group also strengthens its relevance and added value, as well as its attractiveness to enlarge to new member states. A first very important step has been taken with the accession of Ukraine, which was officially notified on 31 August 2021, following my visit to Kiev on 12-13 July.

48. <https://pace.coe.int/fr/files/28770/html>.

49. <https://pace.coe.int/fr/files/28769/html>.

50. 50th anniversary of the Pompidou Group: Committee of Ministers adopts revised statute - Press room (coe.int).

The Pompidou Group will thus have 42 member states as of 1 January 2022, and it is hoped that other countries (either members or non-members of the Council of Europe) will join soon.

■ It is with the satisfaction of a mission accomplished that we will be able, on 28 October, to celebrate the Group's 50th anniversary in the prestigious setting of the Pompidou Centre in Paris, and to make a joint wish: "Long live the Pompidou Group!".

Afterword

By António LACERDA SALES,
Secretary of State, Deputy Minister for Health of Portugal

■ Originally created in 1971 - on the initiative of the then French President - as a **European cooperation framework to fight against drug abuse and drug trafficking**, the Pompidou Group has developed over the years into a key international player which promotes a humanistic approach of drug policies, in line with the values of the Council of Europe.

■ This publication is one of the main features of the 50th Anniversary of the Pompidou Group. It summarizes five decades of international action to address the global drug challenge, and highlights the contribution made by the Pompidou Group to it. The personal contributions from Permanent Correspondents, former Executive Secretaries, and current members of the Secretariat, give a special added value to it.



■ Under the motto "Human rights at the heart of drug policies", the Anniversary is being celebrated throughout 2021, in a series of events taking place in Europe and beyond. The main celebration event will take place at the Pompidou Centre in Paris on 28 October: it will be the occasion to take stock of the achievements of the Pompidou Group over the last 50 years, to pay tribute to the people who have contributed to them, and to address the challenges we are facing today.

■ The most important feature of the Anniversary has been the adoption, on 16 June 2021, of a revised statute for the Pompidou Group by the Committee of Ministers of the Council of Europe. By strengthening its identity as a Council of Europe entity, including a strong focus on human rights, extending its mandate beyond the field of illicit drugs, fostering synergies with other international organizations and Council of Europe bodies, the new statute gives a fresh political impetus and opens new legal avenues to the Pompidou Group.

■ This decision has been the culminating point of a process which lasted for more than two years, and which involved thorough discussions among the 41 Pompidou Group member states as well as numerous consultations with its main partners both within and outside the Council of Europe. The Portuguese Presidency thanks all those who have been involved in this process for their constructive spirit which allowed the successful fulfilment of the mandate given by the Stavanger ministerial conference in November 2018.

■ Beyond the celebration of the 50th Anniversary, it is now up to all of us to make the most of this landmark decision which empowers the Group with a strong political and legal framework for its present and future action.

■ Happy birthday and long life to the Pompidou Group!

António Lacerda Sales

References

1. Snelders S. *LSD en de psychiatrie in Nederland*. Vrij Universiteit; 1999.
2. Weinbauer K. *Drug Consumption in London and Western Berlin During the 1960s and 1970s: Local and Transnational Perspectives*. *Soc Hist Alcohol Drugs*. 2006;20(2):187–224.
3. Rigoni R. *Controlling drugs in Europe: the first collaboration attempts*. In: Kaló Z, Tieberghien J, Korf DJ, editors. *Why? Explanations for drug use and drug dealing in social drug research*. Lengerich: PABST Science Publishers; 2019. p. 192.
4. Courtwright DT. *Dark Paradise* [Internet]. Harvard University Press; 2001. Available from: <http://www.jstor.org/stable/j.ctvk12rb0>
5. Walma L. *Between Morpheus and Mary: The Public Debate on Morphine in Dutch Newspapers, 1880 – 1939*. Utrecht University; 2020.
6. Blok G. *Pampering “needle freaks” or caring for chronic addicts? Early debates on harm reduction in Amsterdam, 1972-1982*. *Soc Hist Alcohol Drugs*. 2008;22(2):243–61.
7. Robins L, Davis D, Nurco D. *How Permanent Was Vietnam Drug Addiction?* *AJPH Suppl*. 1974;64(December):38–43.
8. EMCDDA. *The state of the Drug Problem in Europe. Annual Report 2008*. Luxembourg; 2008.
9. McCoy AW, Read CB, Adams LP. *The politics of heroin in Southeast Asia*. New York: Harper & Row; 1972.
10. Bradford JT. *Poppies, politics, and power : Afghanistan and the global history of drugs and diplomacy* [Internet]. 2020. Available from: <https://doi.org/10.7591/cornell/9781501738333.001.0001>
11. Laffiteau C. *The Balloon Effect: The Failure of Supply Side Strategies in the War on Drugs*. [Internet]. 2014 [cited 2021 Apr 9]. Available from: http://www.academia.edu/889972/The_Balloon_Effect_The_Failure_of_Supply_Side_Strategies_in_the_War_on_Drugs
12. Thoumi FE, Press. WWC, Press. JH. *Illegal drugs, economy and society in the Andes*. Washington; Baltimore; London: Woodrow Wilson Center Press : Woodrow Wilson Center Press : The Johns Hopkins Press; 2003.
13. Secombe R. *Squeezing the balloon: international drugs policy**. *Drug Alcohol Rev* [Internet]. 1995 Jul 1;14(3):311–6. Available from: <https://doi.org/10.1080/09595239500185401>
14. United Nations. *Single convention on narcotic drugs, 1961*. In: *United Nations Conference for the Adoption of a Single Convention on Narcotic Drugs*. London: H.M. Stationery Off.; 1962.
15. United Nations. *Protocol amending the Single Convention on Narcotic Drugs, 1961. Concluded at Geneva on 25 March 1972*. treaties.un.org/doc/Publication/UNTS/Volume%20976/v976.pdf; 1972 p. 100.
16. Bewley-Taylor D, Jelsma M. *Regime change: Re-visiting the 1961 Single Convention on Narcotic Drugs*. *Int J Drug Policy* [Internet]. 2012;23(1):72–81. Available from: <https://www.sciencedirect.com/science/article/pii/S0955395911001575>
17. Musto David F. *The American disease : origins of narcotic control*. New York, NY: Oxford University Press; 2010.
18. Commission on Marijuana and Drug Abuse. *Marihuana: a Signal of Misunderstanding; Appendix: The Technical Papers of the First Report of the National Commission on Marihuana and Drug Abuse, Volume 1*. 1972.
19. Baan PAH, Veraart JBM, Middelen. WV. *Achtergronden en risico's van druggebruik : rapport van de Werkgroep Verdovende Middelen. 's-Gravenhage: Staatsuitgeverij; 1972. 101 p.*
20. Hulsman LHC, Blok van der Velden W, volksgezondheid. *SACB voor de geestelijke. Ruimte in het drugbeleid : rapport*. Meppel: Boom; 1971.
21. Yates R. *A Brief History of British Drug Policy, 1950-2001*. *Drugs Educ Prev Policy* [Internet]. 2002 Jan 1;9(2):113–24. Available from: <https://doi.org/10.1080/09687630110118478>
22. Kokoreff M, Faugeron C. *Société avec drogues. Paris: [Diffusion] Cairn.info; 2010*.
23. Korf DJ, Verbraeck H. *Dealers en dienders : dynamiek tussen drugsbestrijding en de midden- en hogere niveaus van de cannabis-, cocaine-, amfetamine- en ecstasyhandel in Amsterdam*. Amsterdam: Criminologisch Instituut “Bonger”, Universiteit van Amsterdam; 1993.
24. de Quadros Rigoni R. *“Drugs Paradise”: Dutch Stereotypes and Substance Regulation in European Collaborations on Drug Policies in the 1970s*. *Contemp Drug Probl*. 2019;46(3):219–40.
25. Berridge V. *Heroin prescription and history*. *N Engl J Med*. 2009;361(8):820.
26. Snelders S, Alex Mold. *Heroin: The Treatment of Addiction in Twentieth-Century Britain*. *Soc Hist Alcohol Drugs* [Internet]. 2010 Jan 1;24(1):70–1. Available from: <https://doi.org/10.1086/SHAD24010070>

27. Pompidou G. Correspondence from Georges Pompidou to Prime Minister of the Netherlands. Ministerie van Sociale Zaken: Directoraat-Generaal Volksgezondheid, nummer toegang 21565, inventarisnummer 3284 Nationaal Archief, Den Haag Translated from French. 1971 Aug 6;
28. Pompidou Group. First meeting of the committee of experts on legislation and regulation. NA 21565 DG Volksgezondheid 3288 Nationaal Archief, Den Haag. 1978 May 19;
29. Brule C. The role of the Pompidou Group of the Council of Europe in combating drug abuse and illicit drug trafficking. *Bull Narc* [Internet]. 1983;(4):73–7. Available from: https://www.unodc.org/unodc/en/data-and-analysis/bulletin/bulletin_1983-01-01_4_page010.html
30. Committee of Ministers. Res (80) 2. Setting up a cooperation group to combat drug abuse and illicit trafficking in drugs (Pompidou Group) [Internet]. Council of Europe; 1980. Available from: <https://rm.coe.int/resolution-80-2-english-mod/16808e5106>
31. Korf DJ, Bless R, Nottelman N. Urban Drug Problems, Policymakers and the General Public. 1998;6:337–56. Available from: <internal-pdf://korf>
32. Grob PJ. The needle park in Zürich. *Eur J Crim Policy Res* [Internet]. 1993;1(2):48–60. Available from: <https://doi.org/10.1007/BF02249228>
33. Blok G. Ziek of zwak : geschiedenis van de verslavingszorg in Nederland. Amsterdam: Nieuwezijds; 2011.
34. Nabben ALWM. High Amsterdam: ritme, roes en regels in het uitgaansleven. Rozenberg; 2010.
35. Grund J-P, Breeksema J. Coffee Shops and Compromise. Separated Illicit Drug Markets in the Netherlands. New York; 2013.
36. Gootenberg P. Andean Cocaine The Making of a Global Drug. Chapel Hill: The University of North Carolina Press; 2009.
37. Goode E, Ben-Yehuda N. The American Drug Panic of the 1980s. In: Goode E, Ben-Yehuda N, editors. *Moral Panics: The Social Construction of Deviance*. Blackwell Publishing Ltd; 1994.
38. Reuband K-H. Drug Use and Drug Policy in Western Europe. *Eur Addict Res* [Internet]. 1995;1(1–2):32–41. Available from: <https://www.karger.com/DOI/10.1159/000259066>
39. NIDA. National Household Survey on Drug Abuse (NHSDA-1988) [Internet]. Rockville; 1988. Available from: <https://www.ojp.gov/pdffiles1/Digitization/131341NCJRS.pdf>
40. Frischer M, Goldberg D, Rahman M, Berney L. Mortality and survival among a cohort of drug injectors in Glasgow, 1982–1994. *Addiction* [Internet]. 1997 Apr 1;92(4):419–27. Available from: <https://doi.org/10.1111/j.1360-0443.1997.tb03373.x>
41. Kringsholm B, Kaa E, Steentoft A, Worm K, Simonsen KW. Deaths among drug addicts in Denmark in 1987–1991. *Forensic Sci Int* [Internet]. 1994;67(3):185–95. Available from: <https://www.sciencedirect.com/science/article/pii/0379073894900892>
42. Hamers FF, Batter V, Downs AM, Alix J, Cazein F, Brunet J-B. The HIV epidemic associated with injecting drug use in Europe: geographic and time trends. *AIDS* [Internet]. 1997;11(11). Available from: https://journals.lww.com/aidsonline/Fulltext/1997/11000/The_HIV_epidemic_associated_with_injecting_drug.11.aspx
43. Inciardi JA, Harrison LD. Harm reduction : national and international perspectives. Thousand Oaks, Calif.: Sage Publications; 2000.
44. Hedrich D, Pirona A, Wiessing L. From margin to mainstream: The evolution of harm reduction responses to problem drug use in Europe. *Drugs Educ Prev Policy* [Internet]. 2008;15(6):503–17. Available from: internal-pdf://hedrich_2008_drugs
45. Farrell G, Mansur K, Tullis M. Cocaine and Heroin in Europe 1983–93: A Cross-national Comparison of Trafficking and Prices. *Br J Criminol*. 1996;36(2):255–281.
46. DEA. DEA history - 1980-1985 [Internet]. Drug Enforcement Administration - US History. 2021 [cited 2021 Apr 29]. Available from: *Then USA started to combat drug trafficking systematically with their program War on Drugs which had started in the 1970s but was reinforced under the Reagan Administration in the 1980s. That means install and expand anti-drug forces like the Drug Enforce*
47. Gootenberg P. Cocaine's Long March North, 1900–2010. *Lat Am Polit Soc* [Internet]. 2012 Mar 1;54(1):159–80. Available from: <https://doi.org/10.1111/j.1548-2456.2012.00146.x>
48. van Solinge TB. Dealing with drugs in Europe : an investigation of european drug control experiences : France, the Netherlands and Sweden. 2004.
49. van Solinge TB. *Drugs and decision-making in the European Union*. Amsterdam: Mets & Schilt : CEDRO, University of Amsterdam; 2002.

50. Stewart-Clark SJ. Committee of Inquiry into the drugs problem in the Member States of the Community. Report on the results of the enquiry [Internet]. Luxembourg: European Parliament; 1987. Available from: <http://aei.pitt.edu/41688/>
51. Ball AL. HIV, injecting drug use and harm reduction: a public health response. 2007;102:684–90. Available from: <internal-pdf://baal>
52. Farrell M, Howes S, Verster A, Davoli M, Solberg U, Greenwood G, et al. Reviewing current practice in drug-substitution treatment in the European Union [Internet]. Luxembourg; 2000. Available from: https://www.emcdda.europa.eu/attachements.cfm/att_33997_EN_Insight3.pdf
53. Hedrich D. European report on drug consumption rooms. Lisbon; 2004.
54. Des Jarlais DC. Harm reduction in the USA: the research perspective and an archive to David Purchase. *Harm Reduct J* [Internet]. 2017;14(1):51. Available from: <https://doi.org/10.1186/s12954-017-0178-6>
55. Nagler NA. The Council of Europe Co-operation Group to Combat Drug Abuse and Illicit Trafficking in Drugs (the Pompidou Group). *Bull Narc* [Internet]. 1987;(1):31–40. Available from: https://www.unodc.org/unodc/en/data-and-analysis/bulletin/bulletin_1987-01-01_1_page003.html
56. Hartnoll R. The Work of the Pompidou Group in the Field of Drug Research. *Eur Addict Res* [Internet]. 1995;1(1–2):71–3. Available from: <https://www.karger.com/DOI/10.1159/000259074>
57. Hartnoll R, Avico U, Ingold FR, Lange K, Lenke L, O'hare A, et al. A multi-city study of drug misuse in Europe. *Bull Narc* [Internet]. 1989;(1):3–27. Available from: https://www.unodc.org/unodc/en/data-and-analysis/bulletin/bulletin_1989-01-01_1_page002.html
58. Avico U, Hartnoll R, Ingold FR, Lange K, Lenke L, O'hare A, et al. Multi-city study of drug misuse in Amsterdam, Dublin, Hamburg, London, Paris, Rome, Stockholm. Final report. Strasbourg; 1987.
59. Hibell B. Overview of the ESPAD Project Background, Methodology and Organisation. In: EMCDDA, editor. *The ESPAD Handbook* [Internet]. Lisbon: EMCDDA Publications Office; 2010. Available from: http://www.espad.org/sites/espad.org/files/2_Overview_of_thz_ESPAD_Project.pdf
60. European Commission. Communication From The Commission To The Council And The European Parliament Concerning Community Actions Combat The Use Of Illicit Drugs /* COM/86/601FINAL */ [Internet]. European Commission; 1986. Available from: <https://eur-lex.europa.eu/legal-content/EN/TXT/?uri=CELEX%3A51986DC0601>
61. Bless R, Korf DJ, Freeman M. Open Drug Scenes: A Cross-National Comparison of Concepts and Urban Strategies. *Eur Addict Res* [Internet]. 1995;1(3):128–38. Available from: <https://www.karger.com/DOI/10.1159/000259053>
62. Reuband K-H. Drug Policies and Drug Prevalence: The Role of Demand and Supply. *Eur J Crim Policy Res* [Internet]. 1998;6(3):321–36. Available from: <https://doi.org/10.1023/A:1008673313900>
63. EMCDDA. 20 years. Monitoring | Communicating evidence | Informing policy [Internet]. Lisbon; 2015. (Feature article). Available from: https://www.emcdda.europa.eu/system/files/publications/1812/att_242407_EN_Brochure_A4_20Y_FINAL.pdf
64. EMCDDA. Annual report on the state of the drugs problem in the European Union. 2000. Luxembourg; 2000.
65. EMCDDA. EU enlargement and drugs — Challenges and perspectives. *Drugs in Focus*. Lisbon; 2003.
66. UNODCCP. *World Drug Report*. 2000. Oxford; New York; 2000.
67. UNODCCP. *Afghanistan. Global Illicit Drug Trends 2001*. 2001.
68. Kaplan CD, Leuw E. A tale of two cities. Drug policy instruments and city networks in the European Union. *Eur J Crim Policy Res*. 1996;4(1):74–89.
69. van Solinge TB. Dutch drug policy in a European context. *J Drug Issues* [Internet]. 1999;29:511–28. Available from: internal-pdf://solinge_dutch
70. de Kort M, Cramer T. Pragmatism Versus Ideology: Dutch Drug Policy Continued. *J Drug Issues* [Internet]. 1999;29(3):473–92. Available from: internal-pdf://kort_cramer_1999_drug
71. Kopp P, Fenoglio P. Public spending on drugs in the European Union during the 1990s. Retrospective research. Lisbon; 2003.
72. Chatwin C. The effects of EU enlargement on European drug policy. *Drugs Educ Prev Policy* [Internet]. 2004 Dec 1;11(6):437–48. Available from: <https://doi.org/10.1080/09687630412331325629>
73. Hartnoll Richard. C of E. Multi-city study, drug misuse trends in thirteen European cities : Amsterdam, Barcelona, Copenhagen, Dublin, Geneva, Hamburg, Helsinki, Lisbon, London, Oslo, Paris, Rome, Stockholm. Strasbourg: Council of Europe Press; 1994.
74. Sinclair H. Drug treatment demand data -Influence on policy and practice. Luxembourg; 2006.

75. Hibell J, Andersson B, Bjarnason T, Kokkevi A, Morgan M, Narusk A. *The 1995 ESPAD Report. Alcohol and Other Drug Use Among Students in 26 European Countries*. Stockholm; 1995.
76. EMCDDA. *The State of the Drugs Problem in Europe. Annual Report 2010*. Luxembourg; 2010.
77. EMCDDA. *Problem Amphetamine and Methamphetamine use in Europe*. Luxembourg; 2010.
78. EMCDDA. *The State of the Drugs Problem in Europe. Annual Report 2005*. Luxembourg; 2005.
79. Wiessing L, LikataVICIUS G, KlemPOVá D, Hedrich D, Nardone A, Griffiths P. Associations between availability and coverage of HIV-prevention measures and subsequent incidence of diagnosed HIV infection among injection drug users. *Am J Public Health*. 2009 Jun;99(6):1049–52.
80. EMCDDA. *Treatment and Care for Older Drug Users. Selected Issue 2010*. Luxembourg; 2010.
81. UNODC. *World drug report 2010*. New York; 2010.
82. HRI. *The Global State of Harm Reduction 2010. Key issues for broadening the response [Internet]*. London; 2010. Available from: <https://www.hri.global/files/2010/06/15/GSHR2010IntroductionWeb3.pdf>
83. Greenwald G, Institute. C. *Drug decriminalization in Portugal : lessons for creating fair and successful drug policies*. Washington, D.C.: CATO Institute; 2009.
84. EMCDDA. *A European perspective on responding to blood borne infections among injecting drug users. A Short Briefing Paper prepared by the European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) at the request of the Horizontal Drugs Group of the Council [Internet]*. Lisbon; 2004. Available from: www.emcdda.europa.eu/html.cfm/index5777EN.html
85. Council of the European Union. *Council Decision 2005/387/JHA of 10 May 2005 on the information exchange, risk-assessment and control of new psychoactive substances*. Brussels, Belgium: Official Journal of the European Union; 2007.
86. EMCDDA; Europol. *Europol–EMCDDA Joint Report on a new psychoactive substance: 1-(3-chlorophenyl) piperazine (mCPP). In accordance with Article 5 of Council Decision 2005/387/JHA on information exchange, risk assessment and control of new psychoactive substances*. Brussels; 2005.
87. EMCDDA; Europol. *Europol–EMCDDA Joint Report on a new psychoactive substance: 1-benzylpiperazine (BZP). In accordance with Article 5 of Council Decision 2005/387/JHA on information exchange, risk assessment and control of new psychoactive substances*. Lisbon; 2007.
88. Council of the European Union. *EU Drugs Strategy (2005-2012) [Internet]*. Brussels: Council of the European Union; 2004. Available from: https://www.emcdda.europa.eu/system/files/attachments/5456/9_EU_Drugs_Strategy_2005-2012_EN.pdf
89. Council of the European Union. *EU Drugs Action Plan for 2009-2012*. Brussels: Official Journal of the European Union; 2008.
90. Commission of the European Communities. *Green paper on the role of Civil Society in Drugs Policy in the European Union*. COM(2006) 316. Brussels; 2006.
91. WHO, Pompidou Group. *Prisons, Drugs and Society. A consensus Statement on Principles, Policies and Practices*. [Internet]. Bern; 2001. Available from: https://www.euro.who.int/__data/assets/pdf_file/0003/99012/E81559.pdf
92. Sinclair H. *Drug Treatment Demand Data - Influence on policy and practice*. Strasbourg; 2006.
93. Muscat R. *Treatment Systems Overview [Internet]*. Strasbourg; 2010. Available from: <https://rm.coe.int/1680746114>
94. Muscat R. *From a policy on illegal drugs to a policy on psychoactive substances*. Strasbourg; 2008.
95. Council of Europe. *MedNET “10 years and beyond” 10 years of co-operation in the Mediterranean Region on Drugs and Addiction. Timeline*. Strasbourg; 2016.
96. Pompidou Group. *European network of partnerships between stakeholders at frontline level responding to drug problems. P-PG-COOP (2007) 2 REV4*. Strasbourg; 2007.
97. Calafat A. *Prevention Interventions in Recreational Settings*. Strasbourg; 2010.
98. European Monitoring Centre for Drugs and Drug Addiction. *European Drug Report 2020: Trends and Developments*. Luxembourg: Publications Office of the European Union; 2020.
99. UNODC. *World Drug Report 2020 [Internet]*. Vienna, Austria: UNITED NATIONS; 2021. Available from: <https://wdr.unodc.org/wdr2020/>
100. Aleksy H. *Cognitive enhancement with licit and illicit stimulants in the Netherlands and Finland: what is the evidence? Drugs and Alcohol Today [Internet]*. 2020 Jan 1;20(1):62–73. Available from: <https://doi.org/10.1108/DAT-07-2019-0028>

101. Brunt TM, Lefrançois E, Gunnar T, Arponen A, Seyler T, Goudriaan AE, et al. Substances detected in used syringes of injecting drug users across 7 cities in Europe in 2017 and 2018: The European Syringe Collection and Analysis Project Enterprise (ESCAPE). *Int J Drug Policy* [Internet]. 2021;103:130. Available from: <https://www.sciencedirect.com/science/article/pii/S0955395921000281>
102. EMCDDA; Europol. *EU Drug Markets. Impact of COVID-19*. Lisbon; 2020.
103. Rigoni R, Tammi T, van der Gouwe D, Oberzil V, Csak R, Schatz E. *Civil Society Monitoring of Harm Reduction in Europe*. Amsterdam; 2021.
104. EMCDDA. *EMCDDA trendspotter briefing December 2020. Impact of COVID-19 on drug markets, drug use, drug-related harms and responses in south European Neighbourhood Policy area*. Lisbon; 2020.
105. Buxton J, Margo G, Burger L. *The impact of global drug policy on women : shifting the needle*. 2021.
106. UNODC. *World Drug Report 2018. Booklet 5. Women and Drugs. Drug use, drug supply and their consequences*. Vienna, Austria; 2018.
107. EMCDDA. *Synthetic drug production in Europe. Perspectives on drugs*. Lisbon; 2015.
108. EMCDDA. *New psychoactive substances: global markets, glocal threats and the COVID-19 pandemic. An update from the EU Early Warning System. December 2020*. Lisbon; 2020.
109. EMCDDA; Europol. *EU Drug Markets Report 2019*. Lisbon; 2019.
110. TNI. *Bolivia wins a rightful victory on the coca leaf. Drugs and Democracy, TNI*. 2013.
111. Doward J. *Bolivians demand the right to chew coca leaves. The Guardian* [Internet]. 2013 Jan; Available from: <https://www.theguardian.com/world/2013/jan/13/bolivia-drugs-row-chew-coca>
112. Bewley-Taylor D, Jelsma M, Kay S. Chapter 6 *Cannabis Regulation and Development: Fair(er) Trade Options for Emerging Legal Markets*. In Leiden, The Netherlands: Brill | Nijhoff; 2020. p. 106–24. Available from: <https://brill.com/view/book/edcoll/9789004440494/BP000008.xml>
113. Boffey D. *Luxembourg to be first European country to legalise cannabis. The Guardian*. 2019 Aug;
114. Arellano G. *Luxembourg - Legalization of recreational cannabis. Work on the project is "still ongoing", says Minister of Health. RTL Today* [Internet]. 2021; Available from: <https://today.rtl.lu/news/luxembourg/a/1678814.html>
115. Transform. *How to regulate Stimulants. A practical guide*. [Internet]. London; 2020. Available from: <https://transformdrugs.org/publications/how-to-regulate-stimulants-a-practical-guide>
116. IDPC. *Principles for the responsible legal regulation of cannabis*. London; 2020.
117. Walsh J, Jelsma M. *Regulating Drugs: Resolving Conflicts with the UN Drug Control Treaty System. J Illicit Econ Dev*. 2019;1(3):266–71.
118. Putri D. *Cannabis rescheduling: A global introduction* [Internet]. Amsterdam; 2020. Available from: https://www.tni.org/files/publication-downloads/cannabis_rescheduling_global_intro_0.pdf
119. TNI. *UN green lights medicinal cannabis but fails to challenge colonial legacy of its prohibition. Drugs and Democracy, TNI*. 2020 Dec;
120. Fordham A, Jelsma M. *Will UNGASS 2016 be the beginning of the end for the 'war on drugs'? Drugs and Democracy, TNI* [Internet]. 2016; Available from: <https://www.tni.org/en/article/will-ungass-2016-be-the-beginning-of-the-end-for-the-war-on-drugs>
121. IDPC. *The United Nations General Assembly Special Session (Ungass) On The World Drug Problem. Report Of Proceedings*. September 2016. London; 2016.
122. UN Human Rights experts. *Joint Open Letter by the UN Working Group on Arbitrary Detention; the Special Rapporteurs on extrajudicial, summary or arbitrary executions; torture and other cruel, inhuman or degrading treatment or punishment; the right of everyone to the highest attain. Special Procedures of the Human Rights Council* [Internet]. 2016 Apr; Available from: <https://www.ohchr.org/EN/NewsEvents/Pages/DisplayNews.aspx?NewsID=19828&LangID=E#sthash.jbwYrodr.dpuf>
123. *Civil society statement - The UNGASS outcome document: Diplomacy or denialism?* 2016 Apr; Available from: <https://idpc.net/alerts/2016/03/civil-society-statement-on-the-ungass>
124. Niamh Eastwood, Fox E, Rosmarin A. *A quiet revolution: Drug Decriminalisation across the Globe* [Internet]. London; 2016. Available from: https://www.tni.org/files/publication-downloads/a_quiet_revolution_march_31_2016.pdf
125. Amnesty International. *Amnesty International Global Report. Death Sentences And Executions 2020*. [Internet]. London; 2020. Available from: <https://www.amnesty.org/download/Documents/ACT5018472020ENGLISH.PDF>

126. Larasati A, Girelli G. *The Death Penalty for Drug Offences: Global Overview 2020*. London; 2021.
127. Harm Reduction International. *The Global State of Harm Reduction 2020* [Internet]. London; 2020. Available from: https://www.hri.global/files/2020/10/26/Global_State_HRI_2020_BOOK_FA.pdf
128. Jensema E. *Human rights and drug policy*. *Drugs and Democracy*, TNI. 2018.
129. Enoch J, Chang J, Guarinieri M, Agliata J. *Taking back what's ours! A documented history of the movement of people who use drugs*. London; 2020.
130. INPUD. *Words Matter! Language Statement & Reference Guide*. London; 2020.
131. Clark M, Hamdi-Ghoz E, Jauffret-Roustide M, Moigne P Le, Malliori M, Simeoni E, et al. *The gender dimension of non medical use of prescription drugs in Europe and the mediterranean region*. In 2015.
132. Ministry of Public Health (MOPH). *Needs of women with Substance Use Disorders 2019*. Beirut:Lebanon; 2019.
133. Pompidou Group. *Introducing a gender dimension into drug policy. Synthesis Report on Violence, Women and Rape Drugs*. Strasbourg; 2017.
134. Pompidou Group. *Criminal Justice and Drug Policy. Treatment, Harm Reduction and Alternatives to Punishment*. Strasbourg; 2017.
135. Stover H, Teltzrow R. *Drug-treatment systems in prisons in Eastern and South-East Europe*. Strasbourg; 2017.
136. Pompidou Group. *Government interaction with Civil Society; Policy paper on fovernment interaction with civil society on drug policy issues: Principles, ways and means, opportunities and challenges*. Strasbourg; 2016.
137. Pompidou Group. *Pompidou Group statement on bringing human rights into drug policy development, implementation, monitoring and evaluation* [Internet]. Strasbourg; 2017. Available from: <https://rm.coe.int/pompidou-group-statement-on-bringing-human-rights-into-drug-policy-dev/1680770b40>

Appendices

APPENDIX 1.

Translation of the letter of 6 August 1971 from the President of the French Republic

Mr. Prime Minister,

The dramatic increase in drug abuse is of great concern. While the disease seemed to strike first in the United States, whose President has stressed the need for vigorous action, it is certain that Europe is also affected by this scourge. Young people, in particular, are subject to the lure of a fashion which is still relatively limited in scope, but which must lead to the increasingly frequent use of dreadful drugs whose effects are destructive to the personality, if not fatal. This is a danger to our society and its future with incalculable consequences. It is the duty of leaders to seize the problem and to organise the protection of young people against a temptation whose perils they do not appreciate and which traffickers shamelessly and, too often, with impunity, encourage, maintain and exploit.

It is also certain that manufacturers, retailers, intermediaries and consumers of all kinds take advantage of the unquestionable transaction and supply facilities provided by the ease of movement between the countries of the European Economic Community.

It therefore seems to me essential that the governments of the Community should be able to coordinate their action in the most general and effective way.

If you think this coordination is appropriate, we could envisage, at least twice a year, a meeting of the Ministers concerned which would enable them to take stock of the situation, exchange information and possibly use their respective resources for concerted action.

The Ministers would have at their disposal, for their information as well as for action, a permanent body bringing together experts in judicial repression, the fight against drug addiction, Public Health and National Education from the Community countries.

In my view, it is not a question of creating a new Community administration with its own powers and specific means of action, but of enabling joint thinking and facilitating liaison between the various national administrations responsible in different ways for combating the spread of the scourge.

I hope that you will favourably consider my suggestion which, if agreed in principle, could be further examined at a forthcoming meeting of the Council of Ministers of the European Economic Community.

Please accept, Mr Prime Minister, the assurances of my highest consideration.

APPENDIX 2.

Resolution (80)2 on Setting up a Co-operation Group to Combat Drug Abuse and Illicit Trafficking in Drugs (Pompidou Group)

(Adopted by the Committee of Ministers
on 27 March 1980 at the 317th meeting of the Ministers' Deputies)

■ The Representatives of Belgium, Denmark, France, the Federal Republic of Germany, Ireland, Italy, Luxembourg, the Netherlands, Sweden, Turkey and the United Kingdom, sitting on the Committee of Ministers of the Council of Europe,

■ Having regard to the decision taken in Stockholm on 13 November 1979 by the 5th Ministerial Conference of the Pompidou Group;

■ Having regard to Committee of Ministers Resolution (51) 62 concerning partial agreements;

■ Having regard to the decision taken by the Committee of Ministers at Deputy level at their 317th meeting, on continuing the work of the Pompidou Group within the Council of Europe on the basis of a partial agreement;

■ Recognising the need to enable the Pompidou Group to carry on its activities as efficiently as possible,

■ Resolve to set up a co-operation group to combat drug abuse and illicit trafficking in drugs (Pompidou Group).

I. The aim of the Pompidou Group shall be to make a multidisciplinary study of the problems of drug abuse and illicit trafficking in drugs.

II. The working methods employed hitherto by the Group shall be maintained under this Partial Agreement.

These methods are as follows:

1. Meetings, in private at ministerial level, are held, as a general rule every two years, but circumstances and urgency may justify special meetings of the Group in addition to these two-yearly meetings.
2. Each state is represented at meetings either by the minister(s) concerned with the subject being dealt with, or by the minister instructed by his government to co-ordinate the action of ministries concerned with drug problems. A permanent correspondent appointed for each state is responsible for preparing the Group's ministerial meetings in personal liaison with the minister(s) attending them; he may be assisted by experts.
3. The permanent correspondents and their experts meet twice during the interval between ministerial meetings to follow the application of the guidelines adopted and to prepare the ministers' future meetings in accordance with a given mandate. Their duties in this connection include:
 - arranging the agenda and subjects of the coming ministerial meeting;
 - collecting material for the preparation of basic documents;
 - exchanging information on the latest developments in the participating countries concerning the subject dealt with by the ministers at previous meetings;
4. The Group decides on the publication of documents drawn up by the permanent correspondents as well as resolutions adopted by it;
5. The languages used at meetings are Dutch, English, French, German, Italian, Swedish and Turkish;
6. The meeting papers are reproduced in English and French.

III. States not members of the Council of Europe may join the Group with the unanimous agreement of the member states of the Group.

IV. The Secretariat of the Council of Europe shall provide the Group with the following secretarial services:

1. Preparation and distribution of papers for the Group's meetings at both ministerial and permanent correspondent level;
2. Convening of meetings;
3. Practical organisation of the Group's ministerial meetings, to be held every two years at the Council of Europe's Strasbourg headquarters and in one of the participating states alternately;
4. Practical organisation of the Group's meetings at permanent correspondent level, to be held at the Council of Europe's Strasbourg headquarters at the rate of two in each interval between ministerial meetings;
5. Translation of the Group's papers into English or French;
6. Provision of the staff required by the Group for its functioning;
7. Preparation and circulation of the conclusions of the Group's meetings.

V. The Group's operational expenditure under the Partial Agreement shall be apportioned as follows:

1. The travel and subsistence expenses of persons attending the Group's meetings (ministers, permanent correspondents and experts) shall be paid by the member state concerned;
2. Expenditure relating to the practical organisation of ministerial meetings held elsewhere than at the Council of Europe shall be borne by the host country;
3. Common Secretariat expenditure (papers, staff, translation, interpretation and all other operational expenditure) shall be covered by a Partial Agreement budget funded by the Group's member states and governed by the same financial rules as foreseen for the other budget of the Council of Europe.

APPENDIX 3.

“Stavanger Declaration” adopted at the 17th Ministerial Conference of the Pompidou Group

■ *The Ministers participating at the 17th Ministerial Conference of the Pompidou Group in Stavanger, Norway, on 27 and 28 November 2018, make the following declaration:*

■ The Pompidou Group is an important bridge between countries in Europe at large and beyond, thus proving its added value as an enlarged partial agreement of the Council of Europe.

■ **We reaffirm** our support to the Group which

- ▶ underlines human rights as a fundamental cornerstone in drug policy, in line with the Council of Europe’s core mission;
- ▶ provides added value through innovation, implementation of operational solutions, pro-active approaches and cross-sectoral cooperation;
- ▶ constitutes a unique Pan-European mechanism for intergovernmental cooperation in the field of drug policies;
- ▶ links research, conceptualisation and the implementation of drug policies;
- ▶ contributes to highlighting the choices of decision-makers in promoting effective and coherent responses to drug-related issues;
- ▶ has proven its flexibility and ability to react timely and adequately to emerging challenges and changes;
- ▶ plays an important role in the international drug policy sphere and promotes the interplay of European and international organisations involved therein;
- ▶ acknowledges the importance of the role and participation of civil society in drug policy related democratic processes;
- ▶ welcomed three new member States (Bosnia and Herzegovina in 2015, Monaco in 2016 and Mexico in 2017), bringing the total number of member States to 39.

■ **We congratulate** the Pompidou Group under the Norwegian Presidency and Italian Vice-Presidency, for the results achieved under its 2015-2018 Work Programme, and we endorse the documents adopted by the Permanent Correspondents of the Pompidou Group:

- ▶ Statement on bringing human rights into drug policy development, implementation, monitoring and evaluation;
- ▶ Policy paper on government interaction with civil society on drug policy issues: Principles, ways and means, opportunities and challenges;
- ▶ Statement on costs and spillover consequences of drug policies;

and we take note of the

- ▶ Statement on access to opioid agonist medicines for the treatment of opioid dependence syndrome.

■ **We acknowledge** the relevance and concrete results of Pompidou Group activities, both permanent and ad hoc, including the Executive Training on Drug Policy, the dialogue and cooperation among airport, police and customs authorities (the Airports Group), the International Network on Precursor Control, regional platforms such as the Mediterranean Network (MedNET) and the SEE cooperation network, various work related to gender issues, as well as statements made at the UN General Assembly Special Session on the World Drug Problem (UNGASS) in 2016, the Commission on Narcotic Drugs (CND) and other efforts to increase the influence and visibility of the Pompidou Group and signal the synergies among international and regional organisations.

■ **We are concerned** about

- ▶ the fact that the availability and use of drugs and related harms, including the number of drug related deaths, continues to be high, despite the important efforts to tackle the problem;

- ▶ challenges from new communication and information technologies, new modes of distribution, as well as new psychoactive substances, significantly affecting demand and supply reduction measures in drug policy;
- ▶ global challenges caused by war, conflict, terrorism and economic/financial instability;
- ▶ the risk of discriminatory and stigmatising attitudes towards people who use drugs, as such attitudes can undermine risk and harm reduction, drug treatment, social re-integration and the potential for recovery.

■ **We recall** the obligations of States under the United Nations and the Council of Europe Conventions to protect fundamental rights and freedoms, in particular the right to life and human dignity, the right to protection of health, the prohibition of any type of discrimination as well as the right of children to be protected from the illicit use of narcotic drugs and psychoactive substances.

■ **We welcome** the provisions of the outcome document of the 2016 Special Session of the General Assembly of the United Nations that the world drug problem requires a comprehensive, integrated and balanced response, in the full respect of human rights and dignity of all individuals in the context of drug programmes, strategies and policies. Consequently, it would be important to consider adapting the descriptive title of the founding resolution of the Pompidou Group, which today reads 'Co-operation Group to Combat Drug Abuse and Illicit Drug Trafficking', to more adequately reflect today's drug policy evolution and challenges, and subsequently to initiate a broader reflection on the Group's mandate, operation and working methods.

■ **We reaffirm**

- ▶ our commitment to ensure that drug policies are fully respecting human rights, thus underlining the importance of the Council of Europe's role in this field;
- ▶ our intention to further pursue the consolidation of the bridging role of the Pompidou Group between European countries, their neighbourhood and beyond, in particular in the countries of the Southern Mediterranean rim and the countries in the South East and East of Europe;
- ▶ our determination to provide added value and complementarity to the international efforts to address the world drug problem by cooperation and concerted action with other European and international organisations.

■ **We encourage** governments

- ▶ to further develop drug policy with a comprehensive, integrated and balanced, scientific evidence-based and human rights respecting approach, including measures aimed at preventing risks and reducing harms associated with the use of psychoactive substances, as well as initiatives and measures aimed at minimizing the adverse public health and social consequences of drug abuse;
- ▶ to actively work for the abolition of the death penalty for drug-related offences and to condemn extra-judicial executions;
- ▶ to contribute to and embrace neutral and non-stigmatising language;
- ▶ to further develop a meaningful co-operation and dialogue with civil society actors, including representatives of people who use drugs;
- ▶ to guarantee broad coverage, accessibility and quality of essential services for all, and to ensure access to and availability of controlled medicines for medical and scientific purposes whilst preventing their diversion;
- ▶ to mainstream a gender perspective into the design and implementation of drug policies;
- ▶ to highlight public health and the importance of scientific evidence-based prevention;
- ▶ to further consolidate their efforts to effectively react to the emergence of new challenges, such as new psychoactive substances and fentanyl;
- ▶ to continue international cooperation on effective precursor control and effective prevention of precursor diversion;
- ▶ to increase the effectiveness of international efforts to prevent trafficking of illicit drugs through enhanced cooperation between different sectors of law enforcement, including police, customs and border control agencies, as well as other relevant sectors, with full respect of human rights;
- ▶ to continue promoting participation in networks, joint initiatives and professional training as a meaningful and practical form of international cooperation as demonstrated by Pompidou Group activities such as the Airports Group, the International Network on Precursor Control, MedNET, and the Executive Training on Drug Policy;

- ▶ to actively contribute to close collaboration between States and relevant regional and international organisations, as well as to a constructive dialogue with the numerous NGOs working in the area;
- ▶ to implement the recommendations in the UNGASS outcome document adopted in 2016, the most recent consensus, as a milestone in the efforts of the international community to effectively address the world drug problem;
- ▶ to contribute to the implementation of the Sustainable Development Goals for 2030 by promoting a global approach to drug policies, as efforts to achieve the relevant Sustainable Development Goals and to effectively address the World Drug Problem are complementary and mutually reinforcing.

■ **We mandate** the Pompidou Group to

- ▶ focus its activities around the principles of the work programme 2019–2022, which we adopted today, and on the programme’s three thematic priorities (good governance, international drug policy development and new challenges); hereunder to:
 - ▶ ensure the implementation of and respect for human rights in all aspects of drug policy;
 - ▶ support members States in their efforts to develop and implement drug policies using a balanced, scientific evidence-based and comprehensive approach which fully respect all human rights and protect the health, safety and well-being of individuals, families, vulnerable members of society, communities and society as a whole;
 - ▶ promote drug policies that take the importance of gender and age into account, and policies that address new challenges in drug policy;
 - ▶ explore the connections between dependencies related to the new communication technologies, such as on-line gambling;
 - ▶ continue capacity building towards the development, implementation and evaluation of effective and evidence-based drug policies;
 - ▶ further develop the involvement of civil society and promote active co-operation between the governmental and non-governmental sector;
 - ▶ facilitate debate for the yearly sessions of the CND and other relevant international and regional processes, including the follow-up of the Sustainable Development Goals.

■ **We invite** the Committee of Ministers of the Council of Europe, as a first step, to consider changing the wording of the title of Resolution (80) 2 to “International cooperation group of the Council of Europe on responses to the global drugs problem – Pompidou Group”.

■ **We instruct** our Permanent Correspondents to initiate a process aimed at reviewing the Group’s mandate, operation and working methods, with a view to the possible adoption of a revised Statutory Resolution by the Committee of Ministers on the occasion of the 50th Anniversary of the Group’s foundation, to be celebrated in 2021. We take note of the preparation of an expected Council of Europe report on “Drug policy and human rights in Europe: a baseline study”, which may provide a useful input to this process.

■ **We pledge** our support for the 2019-2022 Work Programme on “Sustainable drug policies respectful of human rights”. To ensure an effective implementation of the work programme, we commit to actively participate in the Pompidou Group’s activities and to make the best use of the Group’s products and results with a view to creating a significant impact on society.

APPENDIX 4.

Resolution CM/Res(2021)4 of the Committee of Ministers of the Council of Europe on the Council of Europe International Co-operation Group on Drugs and Addictions (Pompidou Group)

(Adopted by the Committee of Ministers on 16 June 2021
at the 1407th meeting of the Ministers' Deputies)

■ The Committee of Ministers of the Council of Europe, in its composition restricted to the member States of the Pompidou Group,⁵¹

■ Having regard to the Statute of the Council of Europe (ETS No. 1), and in particular Article 1.a thereof whereby member States undertake to “realise the ideals and principles which are their common heritage and [facilitate] their economic and social progress”;

■ Having regard to Statutory Resolution Res(93)28 on partial and enlarged agreements, and Resolution Res(96)36 establishing the criteria for partial and enlarged agreements of the Council of Europe;

■ Having regard to the international conventions on human rights adopted in the framework of the United Nations and the Council of Europe;

■ Recalling the letter of 6 August 1971 from the President of the French Republic addressed to the Prime Ministers of Belgium, Germany, Italy, Luxembourg, the Netherlands and the United Kingdom, which is at the origin of the establishment of the Pompidou Group;

■ Having regard to Resolution Res(80)2 of 27 March 1980 on setting up, within the Council of Europe, a Co-operation Group to Combat Drug Abuse and Illicit Trafficking in Drugs (Pompidou Group), in the form of an enlarged partial agreement, amended by Resolution Res(80)15 of 17 September 1980;

■ Recalling the decisions taken at the 17th Ministerial Conference of the Pompidou Group, held in Stavanger (Norway) on 27 and 28 November 2018, and its own decisions on the follow-up to the conference dated 30 January 2019, which led to the launch of a statutory review process within the group on its terms of reference, functioning and working methods, with the participation of interested non-member States and the group's main partners on the international scene;

■ Acting on the basis of the work carried out on this subject throughout 2019 and 2020 by the Pompidou Group's Committee of Permanent Correspondents, which resulted in the drawing up of a draft statute transmitted to the Committee of Ministers on 23 November 2020;

■ Having obtained thereby the favourable opinion of the member States of the Pompidou Group which are not members of the Council of Europe, namely Israel, Mexico and Morocco;

■ Bearing in mind the recent positions taken by the Parliamentary Assembly in the field of drug policies, in particular its Resolution 2335 (2020) and Recommendation 2177 (2020) entitled “Drug policy and human rights in Europe: a baseline study”;

■ Welcoming the development of the Pompidou Group throughout its fifty years of existence, as evidenced by the fact that the group now has 41 members, including 3 non-European States;

51. Armenia, Austria, Azerbaijan, Belgium, Bosnia and Herzegovina, Bulgaria, Croatia, Cyprus, Czech Republic, Estonia, Finland, France, Georgia, Greece, Hungary, Iceland, Ireland, Italy, Liechtenstein, Lithuania, Luxembourg, Malta, Republic of Moldova, Monaco, Montenegro, North Macedonia, Norway, Poland, Portugal, Romania, Russian Federation, San Marino, Serbia, Slovak Republic, Slovenia, Sweden, Switzerland, Turkey.

■ Welcoming also the fact that the Pompidou Group has developed its activities beyond the circle of its member States, by setting up regional networks, in particular in the Mediterranean, and by contributing to Council of Europe action plans or co-operation programmes in third countries;

■ Convinced that the adoption of a revised Statute, reflecting the developments in the field of drug policies over the last forty years⁵² and the challenges to be faced today at national, European and international levels, while strengthening its identity as a Council of Europe body and consequently its added value on the international scene, will bring a new dynamic to the group and enhance its relevance in Europe and beyond;

■ Adopts the appended Statute, which sets out the political and legal framework within which the Pompidou Group will henceforth operate and interact with its partners on the international scene. This revised Statute shall enter into force upon adoption of this resolution.

* * * * *

Revised Statute of the Council of Europe International Co-operation Group on Drugs and Addictions (Pompidou Group)

Article 1 – Role and objectives

■ The Pompidou Group is a platform for intergovernmental co-operation, acting within the institutional framework of the Council of Europe, the Europe-wide reference source for human rights, and pursuing the following objectives:

- ▶ to provide its members with a forum for open dialogue, exchange of good practice and sharing of experience on their drug policies. The challenges relating to other addictions may also be addressed, wherever relevant;
- ▶ to promote respect for human rights in the framing, adoption, implementation and evaluation of drug and addiction policies;
- ▶ to develop understanding of and responses to the challenges posed by drugs and addictions, focusing public health, safety and security, while pursuing a multidisciplinary, balanced, gender-sensitive and integrated approach based on scientific evidence and best practices within all areas of the drug problem, with full respect of human rights;
- ▶ to establish links between research, policy and practice in order to provide its members with tools for decision making and evaluation based on scientific evidence and/or best practices;
- ▶ to increase international co-operation to prevent and counter illicit production and trafficking in drugs and the diversion of drug precursors, as well as drug related crime, and enhance co-operation between different sectors of law enforcement as well as other relevant sectors, with full respect of human rights;
- ▶ to support full conformity of national drug policies with relevant international law.

Article 2 – Added value

■ The Pompidou Group shall provide added value to its members through:

- ▶ a global vision and understanding of drug and addiction policies, taking into account existing international commitments to address and counter the world drug problem;
- ▶ targeted information on new findings from research, policy and practice in the field of drugs and addictions;
- ▶ multilateral support for the framing of policies, strategies and action plans on drugs and addictions;
- ▶ international visibility and recognition for national policies and interventions based on scientific evidence and best practices;
- ▶ a rapid-response capacity enabling the formulation of tailor-made responses to unexpected situations or emerging phenomena;
- ▶ access to co-operation platforms and specialist professional networks;
- ▶ a capacity for collective reflection on and innovation in the framing, implementation and evaluation of policies, taking into account members' specific needs.

52. The original statute of the Pompidou Group was adopted in 1980.

Article 3 – Composition

■ As an enlarged partial agreement of the Council of Europe, the Pompidou Group is open to the participation of member States of the Organisation, which may join it by simple notification to the Secretary General, and to non-member States which share the values of the Council of Europe. The latter shall join – following an opinion from the Committee of Permanent Correspondents – at the invitation of the Committee of Ministers, deciding by unanimous vote in its composition restricted to representatives of member States of the Pompidou Group.

■ The European Union may join the Pompidou Group according to modalities to be defined by the Committee of Ministers.

■ Member or observer States to the Council of Europe which are not members of the Pompidou Group may participate in the statutory meetings and other work of the Pompidou Group as observers (with no right to vote) by simple notification to the Secretary General. Other States, in particular countries with which the Council of Europe has a structured co-operation relationship,⁵³ may also benefit from the same entitlement by decision of the Committee of Ministers, following an opinion from the Committee of Permanent Correspondents.

■ The participation of States as observers to the Pompidou Group shall be possible only for a limited period of time, at the end of which the States concerned shall decide whether or not to join the group. This period shall in principle be two years.

Article 4 – Governance

■ The Pompidou Group shall be governed by the following bodies:

- ▶ the Ministerial Conference, which brings together the relevant political authorities of its members every four years: it shall define the strategic direction and priorities of the group for the following four years, adopt a corresponding pluriannual work programme, elect the president and vice-president and endorse the composition of the bureau;
- ▶ the Committee of Permanent Correspondents, comprising one representative from each member, is the group's decision-making body between two ministerial conferences and in principle shall meet twice a year. Governments may designate additional representatives to the Committee. Each member of the Committee shall have one vote. Where a government designates more than one member, only one of them (head of the delegation) is entitled to take part in the voting;
- ▶ the Bureau of Permanent Correspondents, which shall oversee the group's activities between the meetings of the committee: it will be made up of representatives of the countries holding the presidency and vice-presidency of the group, and other members elected by their peers, with the proviso that the number of bureau members, in principle, must not exceed one quarter of the total number of the group's members;
- ▶ the Presidency, which ensures the political representation of the group externally and co-ordinates its work internally, including by overseeing the activities of the secretariat: it is supported (and replaced, if need be or upon request by the Presidency) by the Vice-presidency.

■ Members shall aim to ensure a gender balance in the statutory bodies of the Pompidou Group.

Article 5 – Synergies

■ The Pompidou Group shall seek to develop all mutually beneficial synergies in order to avoid duplication and give maximum efficiency and impact to its work, taking into account that the Pompidou Group constitutes a unique pan-European mechanism for intergovernmental co-operation in the field of drug policies:

- ▶ externally, it shall work closely with the main relevant international intergovernmental organisations and agencies at global and regional levels. The latter may be invited, by decision of the Committee of Permanent Correspondents, to attend its statutory meetings as observers and take part in the group's other work;
- ▶ internally, it shall establish mutually beneficial co-operation with all relevant Council of Europe entities. Where appropriate, representatives of the entities concerned may be invited to attend its statutory meetings and take part in the group's work on an ad hoc or more permanent basis;

⁵³. For example, the countries which benefit from the status of partner for democracy to the Parliamentary Assembly and/or the Congress of Local and Regional Authorities, or those with which the Council of Europe has concluded a co-operation agreement within its neighbourhood policy.

- ▶ synergies shall also be actively sought with civil society, which plays an important role in the development and implementation of policies and activities at local, national and international levels. As appropriate, non-governmental organisations with due competence in areas under consideration may also be invited, by decision of the Committee of Permanent Correspondents, to attend its statutory meetings as observers and take part in the group's other work.

Article 6 – Budget

■ The budget of the Pompidou Group shall be financed by mandatory contributions from its members. It shall be adopted each year by the Committee of Ministers of the Council of Europe in its composition restricted to representatives of member States of the Pompidou Group, in accordance with the rules and procedures in force within the Organisation.

■ Members shall be encouraged, insofar as their possibilities and interests allow, to make voluntary contributions to provide additional resources for the Pompidou Group, to which may be added, where appropriate, resources from the Council of Europe's co-operation programmes.

■ The implementation of the ordinary budget and the use of extra-budgetary resources shall be supervised by the Committee of Permanent Correspondents and its bureau.

Article 7 – Secretariat

■ The secretariat of the Pompidou Group is an integral part of the Secretariat of the Council of Europe; its functioning is governed by the rules and procedures in force within the Organisation.

■ It is headed by an Executive Secretary, appointed by the Secretary General of the Council of Europe, and responsible, among other things, for the proper management of the financial and human resources made available to the group.

■ Specifically, the secretariat's functions are to:

- ▶ support the presidency and the vice-presidency;
- ▶ manage the Pompidou Group's budget, that is, provide regular updates on the use of the resources put at the group's disposal;
- ▶ facilitate the implementation of activities;
- ▶ contribute to the quality of the Pompidou Group's activities through effective organisation;
- ▶ facilitate evaluation of the activities by the Permanent Correspondents;
- ▶ communicate and inform about developments in the field of drugs and addictions and the results of the group's work.

■ The work of the secretariat is carried out within the administrative framework of the Council of Europe, under the authority of the Secretary General. It is overseen by the presidency, acting in the framework of the Committee of Permanent Correspondents and its bureau.

APPENDIX 5.

Declaration by the Committee of Ministers on the occasion of the 50th anniversary of the Pompidou Group

(Adopted by the Committee of Ministers on 16 June 2021 at the 1407th meeting of the Ministers' Deputies)

■ The Committee of Ministers congratulates the Pompidou Group for its 50th anniversary. It pays tribute to the late French President, Georges Pompidou, for having launched this unique European co-operation framework to fight against drug abuse and drug trafficking, which has developed over the years into a platform for intergovernmental co-operation promoting an integrated, multidisciplinary and scientific evidence-based approach of drug policies, in line with the values of the Council of Europe.

■ The Committee of Ministers values the work done and the achievements obtained over the last five decades, which made the Pompidou Group grow from seven founding States to 41 members today, including three non-European countries. It also commends the Group for having managed to adapt itself swiftly and efficiently to the unexpected challenges brought by the current health crisis.

■ The Committee of Ministers encourages the Pompidou Group:

- ▶ to bring to a fruitful end its work aimed at developing a new tool for member States to self-assess on a voluntary basis implications of the human rights dimension in drug policy development and implementation;
- ▶ to continue international co-operation on effective precursor control and effective prevention of precursor diversion;
- ▶ to increase the effectiveness of international efforts to prevent and counter illicit production and trafficking in drugs as well as drug-related crime, with full respect of human rights;
- ▶ to continue promoting participation in networks, joint initiatives and professional training as a meaningful and practical form of international co-operation, as demonstrated by Pompidou Group activities such as the Airports Group, the International Network on Precursor Control, MedNET, and the Executive Training on Drug Policy.

■ The Committee of Ministers welcomes the Pompidou Group's commitment to continue and expand its efforts to further co-operate with relevant United Nations agencies, OAS/CICAD, the European Commission, the EMCDDA and with civil society organisations with a view to promoting public health and the respect of human rights as an integral part of a comprehensive and balanced approach to drug policy, as set by the outcome document of the 2016 Special Session of the General Assembly of the United Nations (UNGASS).

APPENDIX 6.

List of events organised as part of the 50th anniversary of the Pompidou Group

■ The following events have been identified as being part of the Pompidou Group's 50th anniversary celebration:

- 1) Statement of João Castel-Branco Goulão on behalf of the Pompidou Group's Portuguese Presidency "Human rights at the heart of drug policies : the Pompidou Group's 50th Anniversary" issued on 4th January 2021;
- 2) A cooperation agreement which supplements the 2011 Memorandum of Understanding between the Council of Europe and the Organization of American States in the field of drugs was signed in February 2021 and will be implemented jointly by Pompidou Group and the Inter-American Drug Abuse Control Commission (CICAD);
- 3) Publication on Covid-19 and people who use drugs prepared by Pompidou Group together with Correlation - European Harm Reduction Network issued on 1st March 2021;
- 4) Participation ,from 12 to 16 April, in the 64th High-level session of the Commission on Narcotic Drugs (CND) the UN's primary policy-making body on drug-related matters. On the first day, António Sales, State Secretary for Health, made a statement on behalf of the Portuguese Presidency of the Pompidou Group, focusing on the 50th Anniversary of the Group. The online side event on 12 April co-organised by the Portuguese Presidency and Polish Vice-Presidency, focused on 'Placing human rights at the heart of drug policies'. In addition, the Pompidou Group has sponsored 5 other side events (online CND side events);
- 5) **Adoption by the Committee of Ministers of the revised Statute for the Pompidou Group on 16 June 2021;**
- 6) An exhibition on the 50th anniversary will be presented at the 88th meeting of the Permanent Correspondents of the Pompidou Group (29-30 June 2021) preceding the second symposium on Drug Consumption Rooms on 1 July 2021. It will be also presented at the at the autumn session of the Parliamentary Assembly of the Council of Europe (27 of September – 1st of October);
- 7) The organization at the Council of Europe in Strasbourg of the second symposium on Drug Consumption Rooms on 1st July 2021;
- 8) Publication of a news on the occasion of the 50th anniversary of the President Pompidou's founding letter sent on 6 August 1971 (6 August 2021);
- 9) The launch of the Drug Policy Executive Course, the newly elaborated advanced course of the Pompidou Group International Drug Policy Academy targeting managers and senior professionals working in the area of drug policies and addictions, (24-27 August 2021, Strasbourg);
- 10) **Commemoration ceremony in Paris at the Pompidou Centre on 28 October 2021 - on this occasion the award ceremony for the European Prevention Prize will also take place;**
- 11) A hearing of the President of the Permanent Correspondents by the Committee of Ministers of the Council of Europe (Strasbourg, 10 November 2021);
- 12) A closing event of the 50th Anniversary: "Evolution of cannabis policies: experiences and lessons learned", in Lisbon, on 15 December 2021.

The Council of Europe's International Co-operation Group on Drugs and Addictions («Pompidou Group») has a long and rich history dating back to 6 August 1971, when French President Georges Pompidou alerted the Prime Ministers of the other five European Community countries at the time, as well as that of the United Kingdom, to the dangers of the growing use of drugs, particularly among young people, and proposed that a European framework for co-operation be set up to combat the burgeoning trade.

Fifty years later, the Group still proudly bears the name of its founder, and its geographical scope now covers 42 states, beyond the borders of Europe. This publication traces the international drug problem over these five decades, the responses to it, and the achievements of the Pompidou Group. It also includes personal contributions from the actors who have made the Group's history throughout its half-century of existence, both among the Permanent Correspondents and within the Secretariat.

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The Council of Europe is the continent's leading human rights organisation. It comprises 47 member states, including all members of the European Union. All Council of Europe member states have signed up to the European Convention on Human Rights, a treaty designed to protect human rights, democracy and the rule of law. The European Court of Human Rights oversees the implementation of the Convention in the member states.

