

HUMAN RIGHTS AT THE HEART OF DRUG POLICIES

50th anniversary
of the Pompidou Group

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



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50th anniversary of the Pompidou Group

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*Thanks to those who contributed to
the history of the Pompidou Group for
their personal contributions and to Ana
Trudov for her work as co-ordinator.*

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Cover and layout:
Documents and Publications Production
Department (SPDP), Council of Europe

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Printed at the Council of Europe

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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 co-operation on drugs. This was a pioneering act: at that time there was no real awareness in Europe of the need for international co-operation 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 Pompidou 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
Approved by Alain POMPIDOU,
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, under 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 of America, generally speaking, after a decade during which the founder of the Fifth Republic had created many sources of tension with the Americans (and their closest allies the British), but also on a more specific issue: the existence of a vast heroin trafficking network linking the east (especially the former French colonies) to North America, via France, with the port of Marseilles as a hub. This traffic, whose origins dated 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 approached his French counterpart to establish closer co-operation between the police forces of the two countries in the fight against drugs. This was 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 faced 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 approximately 10 times as many. Drug use and trafficking were concentrated in American cities, notably New York and San Francisco, and young men in particular were involved, including soldiers who were serving in Vietnam or demobilised, among whom those from the black minority were 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

■ The subject of the fight against drugs was raised again by the American President in a more relaxed atmosphere 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, the French Minister of the Interior, and John Mitchell, Attorney General of the United States. It formalised close co-operation 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.

■ 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 1960s counter-culture). 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 10 years earlier.

■ An interministerial meeting was convened in Matignon, France, on 24 June 1971 to review the implementation of this new legislation. The meeting resulted in two observations: first, the worrying trend in drug use, particularly cannabis, with young people being particularly affected; and second, the lack of resources available

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 made 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”).

to the police and the judiciary to cope with the tightening of the legislative framework, with priority being given to combating traffickers rather than prosecuting users. There was also concern about the situation in schools, where drug use was spreading without any 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 French Republic, this warning was given: "The evolution currently observed would be the same as that known in America 10 years ago. This is worrying as, despite considerable efforts, the evolution in the United States 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 note).

■ 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 pull out all the stops 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 co-operation 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 The 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 European Economic Community (EEC), after the two vetoes imposed by President 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 counter-cultural movements (1).

■ Youth and student civil rights movements started in the late 1960s, both in the USA 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, characterised by hedonism and the search for self-realisation, in contrast to competition and materialism. A more informal appearance – such as long hair, flowery and colourful clothing – was also part of the counter-culture. In European cities such as Amsterdam, Berlin and London, most drug-using young people were white, western, middle to 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 therefore became the main drug-related concern of the 1970s in Europe.

■ At the time, drug-use monitoring mechanisms were not yet well developed in most European countries and no common European monitoring mechanism was in place. Numbers and trends for drug use were still poorly known. Nevertheless, the existing national and local studies pointed to an increase in cannabis use among young people. 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 not far behind. During the 1950s and 1960s, Europe produced and manufactured most of the heroin consumed in the region and the USA. The increasing number of American soldiers who were becoming dependent on heroin was putting President Nixon under pressure. According to US drug experts, Europe was a major supplier of heroin to the USA. More specifically, Marseilles had become the centre for heroin processing. From the poppy fields in Turkey to the heroin refineries in Marseilles, drug routes passed through Italy and Germany, and sometimes Belgium and the Netherlands, before reaching the USA (8). For the USA, therefore, fighting heroin trafficking implied interventions in and collaboration with European countries.

■ When Turkey, at the USA'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% 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 South-East Asia caused heroin from this region to search for new markets in Europe. Heroin supply to the USA, in turn, was assumed by Mexico, which had been supplying the USA with licit heroin since the Second World War (10). When the “Golden Triangle” gradually fought against opium cultivation, also largely under US pressure, effectively reducing its poppy fields, heroin production quickly moved to 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, like a balloon that has been squeezed in one place inflates in another.

■ The same balloon effect could be seen in the 1970s regarding cannabis production and trade. The growth in cannabis consumption in the USA and Europe also triggered the development of extensive cannabis plantings in South America, first in Mexico and Jamaica. When the USA promoted eradication programmes 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) concluded that international efforts to reduce the supply of illicit drugs were ineffective. Beyond simple crop displacement, 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, in addition to the increased price and decreased quality of drugs, with more harmful effects for users.

Political responses

■ On an international level, a complementary treaty to the United Nations Single Convention on Narcotic Drugs of 1961 was signed in Vienna, Austria, in 1971. At the International Drug Convention in 1971, the majority of United Nations members (but not all of them) signed a treaty, the Convention on Psychotropic Substances, destined to control psychoactive drugs in particular. 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 market regulation towards a more prohibitive approach to drugs. It introduced penal obligations for signatory states to criminalise the illegal production and trade of listed 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 USA 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 was 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 USA and took a harsh approach towards drug use and trade. This 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 resulting overcrowded prisons with relatively more African American inmates.

■ Already at the time, several national policy memorandums from around the world seconded the criticism towards harsh prohibition, above all of cannabis, and advocated for more lenient approaches. In the USA, 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 decriminalising its use (18). President Nixon firmly rejected 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 also advised decriminalising the use and possession of cannabis (19). An even more audacious commission had previously recommended decriminalising 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 of the cultivation of cannabis for personal use. The Trudeau 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 approaches towards drugs. The United Kingdom’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 the strict, predominantly repressive, Law of 31 December 1970 on narcotics, which is still in use today (22). In the Netherlands, the Opium Law (*Opiumwet*) was reformulated in 1976 to distinguish between “hard” and “soft” drugs, with cannabis occupying the second category. The sale and purchase of

cannabis were tolerated, making room for the (in)famous Dutch “coffee shops”, which mainly emerged in the 1980s (23). The aim of the distinction and tolerance of the personal use of illicit substances was to avoid the criminalisation of those (especially young people) 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 (OST) for people dependent on opioids was still controversial but was being used on a larger scale in three countries: Ireland, the Netherlands and the United Kingdom (25). In the United Kingdom, starting in 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 using opioids (6). In Berlin, on the other hand, the 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. The Pompidou Group in the 1970s

■ In 1971, in the context of rising drug use among young European people and North American pressure to curb heroin trafficking arriving in the USA from Europe, French President Georges Pompidou led the development of a European front to combat drugs (3). This represented the birth of the Co-operation 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 (Belgium, Germany, Italy, Luxembourg and the Netherlands) and the Prime Minister of the United Kingdom, Georges Pompidou expressed his alarm at the development of a drug problem in Europe and proposed a co-ordinated 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 to 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 co-ordinated, 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 the 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 the 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 young European people and cut the supply lines illegal heroin to the USA (3).

■ In December 1971, the four newly created 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. During these discussions, it became clear that the other EEC countries had not evaluated 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 counter-cultural movement. Drug use was described as a problem of adaptation, leading to a challenge to the dominant nature and norms, the protest and search for new experiences, of which drug use is a part (3). During these initial discussions, member states tried to find common ground for collaboration by defining a common drug problem. Regardless of their differences, EEC countries agreed to fight drug trafficking in the region jointly (24).

6. Nowadays, organised movements of people who use drugs recommend against the use of the term “addiction” as they consider 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 the International Network of People who Use Drugs (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 titles of meetings were kept as originally formulated. The language was adjusted for the rest of the text.

■ On 30 September 1972, at the 1st Ministerial Conference of the Pompidou Group, all states (except the Netherlands in the 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 the 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 EEC. 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, therefore, 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 30 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, at the 3rd Ministerial Conference of the Pompidou Group held in Paris on 21 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 they 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 conference conclusions, 21 November 1977) (28)

■ The new plan to combat heroin use and trafficking recommended co-ordinated 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). The 4th Ministerial Conference of the Pompidou Group was held in 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 Conference of the Pompidou Group, held in Stockholm on 12 and 13 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 11 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;
- ▶ the group should maintain, within the Partial Agreement framework, the working methods that were already in use by them;

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

- ▶ 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 co-operation because it became apparent that drugs issues, which involve health, social and human rights aspects as well as co-operation in the field of security and justice, had multiple links with the Council of Europe's core activities. In addition, they envisaged extending their co-operation 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 amended 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 still exists today, is a department of the Secretariat of the Council of Europe, and it is governed by the Council of Europe'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 organisation 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 areas and sections of the population. 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 number 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 “Needle Park”⁸. Police attempts to disperse users resulted in them regrouping elsewhere (32). A similar example of open heroin use, and failed police attempts to contain it, was seen on Zeedijk Street in Amsterdam in the early 1980s (33).

■ In addition to the rise in problematic drug use, the 1980s saw an increase in recreational cocaine use in the more high-class night clubs, and the introduction of MDMA (ecstasy) at the end of the decade, first at rave parties and then also on the gay scene (34). The use of cannabis became less counter-cultural in this decade as well, especially in the Netherlands, where coffee shops tolerating the sale and use of cannabis 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 USA as well, the recreational use of cocaine had been rising (since the 1960s), engrained into the music scene with popular white rock singers and celebrities. Well into the 1970s, cocaine was perceived by the US population, government and many experts as a “soft drug of the elite” 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 dedicated prominent coverage to the topic. Narratives around cocaine changed to transform it from a harmless recreational drug into a menacing one, inciting violence and crime. This triggered a drug “panic” in the USA, 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 western European countries on a national level showed that, in most countries, the lifetime prevalence of either cannabis or illegal drug use ranged between 5% and 10% during the 1980s. This was the case of Austria, France, the Netherlands, Sweden, the United Kingdom and West Germany. Denmark, Spain and Switzerland had comparatively higher figures, ranging between 15% and 25% (38). Such numbers, however, were still below the rates found in the USA, where, in 1988, 33% of the population aged 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 heroin continued to be the drug that raised the most concerns and was abused the most in Europe. Several European countries faced a rise in injected heroin use, leading to serious health consequences such as drug overdoses or HIV/Aids, especially from the mid-1980s (40,41). People who inject drugs (PWID) accounted for the largest, and increasing, proportion of HIV cases in Europe. In the mid-1980s, an HIV prevalence of over 40% was found among PWID in several western European cities such as Edinburgh, Madrid, Milan 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-1980s, played an important role in developing and establishing what became known as a harm-reduction approach. The approach focused on reducing the harm caused

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

by drugs use and trade rather than expecting to ban them completely from society; drug use is not seen as a crime, but as a social health problem (43). The rising incidence of drug use and the potential further spread of HIV led 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 two tons 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 amounted to five tons of heroin and 10 tons of cocaine (45). Although drug seizures cannot be directly translated into drug trafficking numbers and the availability of drugs, 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 Bulgaria and Turkey 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 USA, the popularity of cocaine kept the demand growing, and drug cartels followed up by delivering large supplies to US states such as California, Florida and New York (46). Having started already their activities in the 1970s, by 1980 the three major clans of Colombian traffickers (Cali, Central and Medellin) were collectively responsible for smuggling more than 100 tons of cocaine a year into the USA (36). Poverty and bad agrarian policies had already been forcing South American peasants from Bolivia and Peru to invest in coca plantations and produce coca-based paste. Colombians entered the game to refine it into cocaine hydrochloride and smuggle it into the USA. Ironically, the militarising eradication campaigns declared by President Reagan in 1982 led to the spiralling growth of cocaine production (which doubled between 1982 and 1986), lower prices and increased violence. Furthermore, repression towards Colombian cartels led to the rerouting of cocaine smuggling to northern Mexico (36,47).

Political responses

■ The 1980s were a busier decade regarding collaborative European 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 the EEC territory. This brought about stronger co-operation and co-ordination 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 harmonise policies on arms, explosives, hotel registration procedures and drugs. The harmonisation of drug policies, however, proved to be difficult, given the different approaches of member countries (48,49).

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

■ In the search for solutions, in 1985 the European Parliament set up the Stewart-Clark Committee to investigate drug problems in EEC countries. The Stewart-Clark Committee was intended to gather information and draw recommendations for action, to be presented to the European Commission and European Council. The committee, however, had difficulties in reaching an agreement due to opposing views: a prohibitionist approach, led by the 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 programmes (NSPs) and cannabis legalisation, although it favoured some easing of the use of cannabis (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 the criminal law to deal with the drug problem. Although the political solution of enforcing the UN conventions did not guarantee harmonisation, it set the countries under a common umbrella of international drug-control agreements (49). A new important tool in the international drug-control system was also set in the 1980s: the United Nations Convention against Illicit Traffic in Narcotic Drugs and

Psychotropic Substances, signed in Vienna in 1988. This treaty further strengthened 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 European Council, several European countries explicitly adopted harm-reduction strategies from the mid-1980s onwards (51). As already mentioned, the choice had direct links to the rising HIV epidemic among PWID. The availability of the HIV test in 1985 helped to make 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 OST (mostly methadone) and needle and syringe exchange (NSE) (52). Needle and syringe programmes prevented the transmission of viruses and diseases like HIV via the distribution and exchange of sterile syringes and safer injection methods. Opiate substitution therapy helped people with an opioid dependence to either stop opiate use or have a more structured and healthy life.

■ OST via methadone-maintenance treatment has been available for heroin users in Europe since 1967, starting as a pilot project 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 in 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, Malta, the Netherlands, 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, in 1986 (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 President Mitterrand of France – the European Committee to Combat Drugs (CELAD). The committee was made up of a group of individuals appointed as co-ordinators of national drug policies in the member states. Back then, countries such as France, Germany, Italy, Portugal and Spain already had national drug policy co-ordinators. CELAD was established outside the formal European framework, and without formal powers, but since it had direct links to the heads of the European Council, it managed to be very influential having, among other things, contributed to creating two action plans to combat drugs in the early 1990s (49).

■ In the USA as well, President Reagan continued former President 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 such as the Drug Enforcement Agency, which mainly operated in South and Central America to fight drug lords and uncover illegal drug trafficking routes used by drug cartels (46). In 1986, the US Senate approved a drug bill with stiffer federal sentences, including the death penalty for drug kingpins, increased spending for treatment programmes and penalties against drug-producing countries which did not co-operate in US-sponsored drug-eradication programmes. Also at the local level, concerns and moral panic around the (crack) cocaine epidemic led several mayors and governors from states such as California and New York to call for severe penalties towards drug trafficking, including life imprisonment for as little as three vials of crack cocaine and the death penalty for a kilogram; moreover several companies required drug testing for employees (37). If during the 1970s, 11 states had decriminalised 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 programmes that appeared to "condone" drug use. Only in the late 1980s, syringe exchange programmes began at the state and local level in the USA to curb the HIV/Aids epidemic among those injecting (54).

Part 2. The Pompidou Group in the 1980s

■ Following the turmoil of the decade, the Pompidou Group debated a wide variety of topics during the 1980s and tried to contribute to solutions on several fronts. Drug trafficking played a big role in the discussions of the group, including efforts to control drug trafficking on the high seas and services at major European airports, and to foster European co-operation in the control of drug traffic (more specifically on tracing and

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.

seizing the assets of drug traffickers). In particular the last topic was considered for inclusion in the 1988 United Nations Convention against Illicit Traffic in Narcotic Drugs and Psychotropic Substances (55).

■ Besides the focus on drug trafficking, several discussions took place regarding drug-use-related problems in the 1980s. Examples of that were debates on how to handle the situation of people who are 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 treat 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 of the Pompidou Group 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, the options debated included full-time residential care, non-voluntary admission to treatment programmes and harm-reduction programmes (such as OST). 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 experiences (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, 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 Pompidou Group 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 was much more complex and could be less easily interpreted and, besides, it was often in large cities that new drug trends were 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 the 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 shortly afterwards (57,58). The report presented the drug situation in the cities, including a description of the legal, social and medical policies and facilities found in each city. 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 the monitoring of drug misuse could be improved. A crucial recommendation in this regard was to develop a single organisational 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 creation 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 young people. 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 the 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 European School Survey Project on Alcohol and Other Drugs (ESPAD) (see chapter 3) (59).

■ The valuable work of the Pompidou Group in the field of drug use and dependence in the 1980s was also recognised 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 in 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 into 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 field of drug use. Such contributions ranged from discussing and studying different possible types of prevention and treatment to developing studies that would lay the foundations for a drug monitoring system in Europe.

■ The Pompidou Group lost its unique position in the European debate on drugs from the mid-1980s on, when other drug-related groups and committees mushroomed across the European Community. Nonetheless, it remained a crucial stakeholder in the field and kept growing. During the 1980s, the Pompidou Group held five 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 the working group. By the end of the decade, the Pompidou Group comprised 20 members, having added no fewer than nine additional countries (Austria, Cyprus, Finland, Greece, Malta, Norway, Portugal, Spain and Switzerland) 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" 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 young people.



■ In the 1970s, the Pompidou Group was the only organisation of its kind in Europe that dealt with all areas of drug control, including the work of the 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 had 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 needed 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 honour its initiator. The representatives of 11 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, Danish, Dutch, English, French, German, Italian, 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 (English and French).

■ Another major development was the establishment of a permanent Pompidou Group secretariat within the Secretariat of the Council of Europe to provide the group with the organisational 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 grand 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 and was very coherent and 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 co-operation 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 co-operation 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 co-operation 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 organised a seminar on drugs and prison in December 1982, in co-operation 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, organised 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 USA participated, and the International Council on Alcohol and Addictions was also represented.

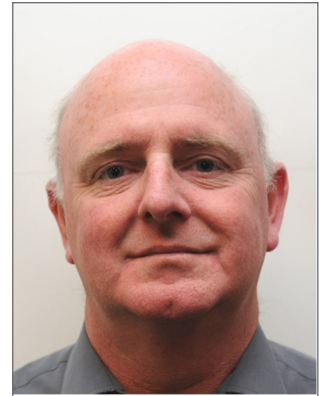
■ After its integration into the Council of Europe, the Pompidou Group continued to grow. In 1985, when I left my post, it had 16 member states, with the successive accessions of Greece, Norway, Spain, Portugal and Switzerland. Four more countries joined in the second half of the decade: Finland in 1987 (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,
advisor at the Belgian Ministry of Justice

Claude Gillard is a legal advisor 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, that is 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 as it heads 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 give 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 body 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.
- 3) The activities 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 Working Party on Drugs (HDG) tries to create a link, but it does not meet at the expert level. The working groups of the Pompidou Group bring together experts from all fields. This European dynamic often has positive repercussions at the national level. For example, the topics of checks 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 and 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 is practised in all sectors of activity in training, prevention and other working groups. The geographical contribution and enriching experiences of the Mediterranean network for co-operation on drugs and addictions (MedNET) should also be highlighted. 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 staff 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 seven 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 in Oslo under the Norwegian presidency as early as 9 May 1991.

■ However, the geographical evolution was not all positive. Several European Union countries decided to leave the group for various reasons. The absence of Denmark, Germany, the Netherlands, Spain and the United Kingdom is undeniably a weakening. Fortunately, mutual interest makes it possible to continue our collaboration 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 risk of acquiring HIV, however, continued to be important concerns, together with the 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 smaller 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 countries with more liberal (such as the Netherlands) and those with repressive (such as Sweden) drug policies had similar prevalence rates of people addicted to drugs in the 1990s (around 16 per 10 000 inhabitants). However, European countries which, in comparison to those mentioned above, were less economically developed had higher rates of drug dependence – Italy and Spain (30/10 000), Greece (35/10 000) and Portugal (45/10 000). Most of these countries also had high unemployment rates, especially among young people (62).

■ In several western European countries, the incidence of HIV acquired through injection drug use started to decline in the 1990s, following high rates in the 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 corresponded to 43% of all cumulative Aids cases in the region. In total, 90% of the Aids cases associated with injecting drug use were concentrated in south-western European countries such as France, Italy, Portugal and Spain. Both in Italy and Spain, as much as two thirds of the whole population living with HIV were PWID. In cities such as 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, the incidence of HIV increased at an average annual rate of 11%; in central and eastern Europe, the increase was over 23%. Moreover, by the 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 was further established in the 1990s, especially among young people 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 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 database 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 EMCDDA's first reports, published in the 1990s, showed that cannabis continued to be the most widely used drug, with substantial increases in use throughout the decade, especially among young people 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 it 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, Czech Republic, Estonia, Hungary, Latvia, Poland, Slovakia and Slovenia. In the eastern countries, use 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, the EMCDDA also 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, the Netherlands, Portugal, Spain and the UK) accounted for the vast majority of all cocaine seized in Europe in the early 1990s:¹⁰ 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 throughout 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 stabilised throughout the European Union (EU) in the 1990s (64). Globally, the illicit production of opium had been 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 others 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. Opium production also partly occurred in Latin America, more specifically in Colombia and Mexico and was destined for the US heroin market (67).

■ In Europe, seizures of synthetic drugs, such as amphetamine and MDMA, increased 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 number of seizures, the prices of both drugs declined throughout the 1990s (64). Worldwide, East and South-East Asia and North America also saw a steep rise in trafficking of amphetamine-type stimulants (ATS). In the case of MDMA, Europe was the main source of the drug, which was then trafficked to North America, East and South-East Asia, western Asia, North and South America and southern Africa (66).

Political responses

■ The 1990s were a decade of great importance for European politics and the goal of a united Europe. The Maastricht Treaty establishing the European Union 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 co-ordinated jointly, as well as domestic policy. The EU's common co-ordination policy ultimately had an impact on a Europe-wide drug policy. The Schengen Treaty, which was signed in 1985 and came 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. Co-operation 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 Plans to Combat Drugs, which were adopted by the Council of Ministers in 1990 and 1992 respectively (48). Moreover, right at the start of the decade, in 1991, the European Parliament set up a new committee on drugs, this time focusing on the investigation of drug trafficking. The Cooney report on drug trafficking and organised crime showed a mentality shift regarding drug policies when compared to the Stewart-Clark report from the 1980s.

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.

Even without mentioning the term “harm reduction”, the Cooney report advocated needle exchange, opiate substitution therapy, health insurance coverage for drug treatment, decriminalisation of drug possession for personal use and it stated that cannabis was less harmful than other drugs. The report further criticised the effects of drug policies at that stage and asked for cost-benefit analyses. The authors 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 to support only the latter recommendation, reiterating support for prohibition. Nevertheless, what was a minority view on drug policy in the Stewart-Clark report became a majority view 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 was created by the Frankfurt resolution, with Amsterdam, Frankfurt, Hamburg, Zurich, Charleroi (Belgium), Rome, Empoli, Forli and Teramo (Italy) as participants. The network defended a pragmatic drug policy, being pro legalisation of drugs and pro harm reduction. In 1994, as a countermovement to the first network, the European Cities Against Drugs was funded by the Stockholm resolution. The network had Sweden, Berlin, London and Paris as initial participants, and opposed both drug legalisation 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 recognised in 1995 by the EU Action plan to combat drugs (1995-1999).

■ At the nation level, 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 had still not adopted harm-reduction measures in the 1980s, such as 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 OST (mostly methadone at the time) and NSPs rose in numbers. Between 1987 and 1997, the number of European countries implementing OST increased from 9 to 23, and for NSPs, 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 engaging in OST. As a result of the harm-reduction measures (some applied since the 1980s), the second half of the 1990s saw overall containment of new Aids cases among PWID among western European countries (52). In 1995, when the EMCDDA started monitoring drug prevention in the 27 EU member or candidate states, plus Croatia, Norway and Turkey, only 10 out of the 30 had a national drug policy document. This number rose to more than 20 by the year 2000 (8).

■ Investments in 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: Assistance for Restructuring their Economies), an EU instrument to prepare the central and eastern European candidates for accession to the EU, also supported the applicant countries in their drug policies (65). A subgroup within the PHARE project – the Multi-beneficiary Drugs Programme – was set up exclusively to negotiate the 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 were left up to the national governments of individual countries (72).

■ In 1997, the Horizontal Working Party on Drugs (HDG) was established, assuming an important political role in the EU debates on drugs. Since its creation, the HDG has co-ordinated all drug-related issues in the EU, including European strategies and action plans on drugs (48). In December 1999, the co-operation 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 to 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 EU Drugs Strategy (2000-2004) 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 Guiding Principles of Drug Demand Reduction and Measures to Enhance International Cooperation to Counter the World Drug Problem, adopted at the 1998 Special Session of the UN General Assembly Devoted to Countering the World Drug Problem Together.

Part 2. The 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);
- ▶ Czech Republic (1993);
- ▶ Slovak Republic (1993);
- ▶ Croatia (1997);
- ▶ Estonia (1998);
- ▶ Russian Federation (1999).

■ Several projects launched 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, the report *Multi-city study: drug misuse trends in thirteen European cities* (73) was published by the Council of Europe in 1993, 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 profiles of drug users who contact treatment centres in different cities (74). The project also drew 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 considering 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, 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 young people. Inspired by this work, the Swedish Alcohol and Other Drugs Information Board initiated a collaborative project in the early 1990s by inviting 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 European School Survey Project on Alcohol and Other Drugs was born (59).

■ The first ESPAD meeting 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 in 1995, bringing results from 26 European countries concerning drug use in 16-year-old adolescents frequenting schools.

■ In 1999, at the time of 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 co-ordination.

■ Since the creation of the EMCDDA in 1993, the Pompidou Group has worked closely with the agency. A memorandum of understanding between the EMCDDA and the Pompidou Group was signed in 1999 (and updated in 2010)¹¹ 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, for example research, ethics, treatment, criminal justice and airports;
- ▶ co-ordination of co-operation 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 February 1994 in Strasbourg, a conference “New Trends in Drug Misuse” in May 1997 in Tromsø and a conference about harm reduction as a component of a comprehensive and multidisciplinary approach to drug-abuse problems in October 2000 in Sintra. An important group that was created in 1995, and still operates today, is the Airports Group.¹² This group was set up in order to achieve more effective control of drug trafficking in general aviation and is 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 is to develop harmonised multidisciplinary strategies for drug detection at European airports and to strengthen co-operation between airports by analysing trends in drug trafficking, 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 co-operation between control services at international airports and the sharing of good practices. The Airports Group drafts an annual review of drug seizures made at European airports and is currently 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 www.emcdda.europa.eu/about/partners/pompidou_sk.

12. See 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 two children. Obtained a MA in economics from Cambridge (Clare College) and then qualified as a Fellow of the UK Institute of Actuaries while 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, where he served until his retirement in January 2009. His hobbies are mainly musical as organist, harpsichordist, singer and occasional choirmaster, with a particular interest in baroque music.



■ As throughout the Council of Europe, the Pompidou Group's existence in the 1990s was dominated by the political and economic changes in central and eastern Europe. The demand for co-operation 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 stigmatised phenomenon.

■ The Pompidou Group 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 central and eastern European countries (CEECs), 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 assistance and training. This was, I think, the final involvement of the late Torbjørn Mork as Chair of the Permanent Correspondents but he was rapidly replaced by the creatively diplomatic ex-social worker, Ketil Bentzen, with whom I would spend many happy hours travelling in the new democracies.

■ Pompidou Group assistance was initially mainly under the Council of Europe 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 two 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 co-ordinated by Sweden.

■ Proposed by Norway and administered by the Pompidou Group 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, the Netherlands, Switzerland and the UK also contributed through the provision of in-service training.

■ The group of policy makers included six people 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 1 700 people were sensitised to the importance of drug demand reduction 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 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 the United Nations Office on Drugs and Crime (UNODC), World Health Organization (WHO) and International Labour Organization (ILO) alongside the European Commission on the management committee of the Demand Reduction Staff Training Programme (DRSTP) was one of many illustrations of the vastly increased level of interinstitutional co-operation involving the Pompidou Group. This was evident also in the group's involvement, based on the results of its regular activities, in projects such as the follow-up to the 1988 United Nations Convention against Illicit Traffic in Narcotic Drugs and 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 on the ongoing early work on precursors) and in preparations for the 1998 UN General Assembly Special Session's Political Declaration on Guiding Principles on Drug Demand Reduction.

■ Another major joint Pompidou Group/United Nations Drug Control Programme project was the project "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 Pompidou Group's Epidemiology Committee, the programme took place in two phases: the first was to collect standardised indicator data preparing for national data systems and the second to support efforts to gather qualitative data on specific groups in order to position the statistics in their cultural, social and economic contexts and thus facilitate the interpretation and support the development of the demand-reduction strategy. 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 CEECs integrated the Pompidou Group's 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 have led to major changes for the functioning of the Pompidou Group 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 increased 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 (airport co-operation, 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 Council of Europe.

■ An expert involved in all the international drug meetings said to me on his last appearance at a Pompidou Group 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 kernel of truth which I think many Pompidou Group 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 Co-ordinator since 2005, João Goulão 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 chair 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 a general practitioner and, since then, 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 in its activities ever since. From 1988 until 2002, it was represented by Joaquim Rodrigues, who chaired the Committee of Permanent Correspondents from 1997 to 2000, upon his election as president at the Ministerial Conference in Tromsø, Norway, and played a remarkable role in its dynamisation.

■ Portugal organised the Ministerial Conference in Sintra in 2000. The conference's main topic of 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 to 2003 (developed under the Irish presidency).

■ After those events, the tasks related to the Portuguese participation in the Pompidou Group were co-ordinated, 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 for the Fight against Drugs (NSFAD) (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 became more coherent under the framework of decriminalisation of the consumption and possession for personal use of all drugs, below defined quantities. A law, in force since 2001, has decriminalised the personal consumption of drugs, but keeps drug use and possession illegal.

■ The consumption, acquisition and possession for one's own use of narcotics and psychotropic substances are no longer crimes, but constitute an administrative offence, in the cases that do 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 stigmatise them for life and 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). The 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 does not 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 would not 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-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 healthcare to the population with problematic drug use, based on integrated, articulated and complementary multidisciplinary therapeutic approaches.

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

■ Responses were developed in “risk reduction and harm minimisation” 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 of life and higher life expectancy. Outreach teams, support offices, home centres and other structures are working towards this goal, collaborating closely with teams of prevention, treatment and social reintegration. These responses are based on daily outreach work with a population that, given its characteristics of enormous social fragility and a profound inability to mobilise itself to seek help, did not look for the conventional treatment structures.

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

■ Co-ordination 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, which used to be mostly allocated to the pursuit of individual users, much more available to deal with criminal organisations and bulk trafficking, which increased their effectiveness.

■ In short, Portugal decriminalised all drugs but did not legalise 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 “magic bullet” regarding 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 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 Pompidou Group’s Portuguese presidency, together with the implementation of the work programme “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 organisations, experts and civil society organisations 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 the increased complexity of drug-related problems. New psychoactive substances (NPSs) became a concern for Europe, together with an increase in the use of stimulant drugs. Heroin use remained stable in most EU countries throughout 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 previous year were Romania (0.4%), Malta (0.8%), Greece (1.7%), and Sweden (1.9%), while the ones with the 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 young people between 15 and 24 years old were higher, and virtually the same countries reported the highest and lowest estimates for cannabis use among young people (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 throughout 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 and Italy have also shown 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 places, respectively, in terms of illicit drug use prevalence in the EU in the 2000s, with a use prevalence that has remained stable since the 1990s. In some countries, however, amphetamine or methamphetamine were the most used stimulant drugs. The EU countries with higher estimates were Bulgaria, the Czech Republic, Denmark, Estonia and the UK (77). Methamphetamine use was largely confined to the Czech Republic and the Slovak Republic 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. The 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 among 15- to 24-year-olds. The highest prevalence countries were the Czech Republic (7.7%), the UK (3.9%), Latvia, the Netherlands and the Slovak Republic (2.7%) against a European average of 1.7% (76).

■ In the 2000s, 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. NPSs are synthetic drugs designed to mimic the effects of other controlled drugs such as cannabis, cocaine and 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 has stabilised 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). Moreover, EU neighbouring countries such as Russia and Ukraine had, by 2010, twice to four times more problem opioid users than the EU average, along

with higher rates of new HIV infections and overdose cases among this population. Neither Russia nor Ukraine had OST available and NSPs were 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 had 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 the people who were dependent on heroin were mostly an ageing population, showing that dependence was far from being an issue only related to young people or young adults. At the beginning of the decade, users aged 40 or older constituted less than 10% of people entering drug treatment in Europe, but by 2010 those numbers had at least doubled. Some countries, mostly in western and southern Europe, which saw their 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 marginalised, reported high levels of unemployment and experienced the effects of long-term drug use on their physical and mental health (80). A discussion on the necessity of adapting treatment services to meet the needs of ageing users in Europe thus took place.

Drug trade

■ Heroin, cocaine and ATSs continued to be the major illicit drug markets in the 2000s. Despite the relatively stable global 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's total production in 2009; Myanmar and Mexico came respectively in the second and third places as world producers. The largest market for Afghan opiates was western Europe, with three countries – France, Italy and the UK – accounting for half of the consumption. Heroin entered Europe mostly via the Balkan route (Iran, Turkey and southern Europe). The Russian Federation was the second largest heroin market in the world, with heroin arriving mostly via Central Asia (especially Tajikistan, Turkmenistan and Uzbekistan). Together, western Europe and Russia consumed about half the heroin produced in the world (81).

■ 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 USA, the 2000s saw it doubling in Europe, making the European market almost as valuable as the US market (81). In Europe, cocaine seizures had been 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, Mexico and Venezuela as transit countries. More towards the end of the decade, West Africa became an alternative route. The main points of entry of cocaine into 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 Belgium, the Netherlands and Poland, along with some production in Estonia, Germany and Lithuania (77). Regarding methamphetamine, world production was concentrated in East and South-East Asia and North America, especially Mexico (81). By global standards, the 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 limited 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 Germany, Poland and the Slovak Republic, in addition to 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 be closer to consumer markets in East and South-East Asia, North America and Oceania. In Europe, the price of the drug continued to fall during the decade, in parallel 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 prohibition and the war on drugs, the number of people incarcerated for drug-related offences 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 CEECs reporting higher rates,

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

although the EU average remained considerably below the rates reported from Russia and the USA. 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). Concern regarding the health of those incarcerated started to rise, and co-operation between prisons, health and social services started to develop.

Political responses

■ In 2004, eastward enlargement began in the EU, with 10 new member states,¹⁴ mostly from central and eastern Europe. The diversity of responses to the question of drug use in these countries makes discussions on the subject even more complex. Regarding drug trafficking and production and the exchange of information between countries, more agreements could be reached due to the already existing co-operation between member states (72). Nevertheless, by the end of the decade, several differences could be found among countries, for instance regarding penalties for drug offences. To define the 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 the extent to which adopted policy distinctions between dealers and users were translated into practice was not the same (76).

■ In the area of drug use, no concrete EU guidelines were given to accession countries and the 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 its 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:

- ▶ making the prevention of drug dependence and the reduction of related risks a public-health objective and developing and implementing comprehensive strategies accordingly;
- ▶ reducing 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
- ▶ reducing 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 (with the exception of Cyprus), while only 10 European countries had adopted such measures as of 1990 (44). The 2000s also saw a steep rise in the availability of drug consumption rooms in the EU. By 2003, Switzerland already had 12 DCRs, some of them also expanding to assist people who smoked (as opposed to injected) drugs. In the same year, Germany had 25 DCRs, while the Netherlands had 22 and Spain 2 (53). By 2010, 90 DCRs were operational in Europe, all of them in western Europe, across 59 cities in Germany, Luxembourg, the Netherlands, 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, decriminalising the use of all illicit drugs. Purchasing, possessing and consuming illicit substances for personal use (defined as the average quantity sufficient for a 10-day usage for one person) were no longer considered infractions. The new policy was (and still is) considered 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. Furthermore, 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 drafted by EU member states during a debate of the Commission on Narcotic Drugs (CND), including prevention, treatment and harm-reduction measures such as OST and NSPs (84). Outside the EU, some countries questioned the legitimacy of harm-reduction measures, notably the USA, Japan and the Russian Federation (44). During international discussions, the EU assumed a pro harm-reduction position, advocating the development of a balanced and evidence-based drug policy, combining prevention, treatment, harm reduction and social reintegration.

■ Moreover, 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

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

included harm reduction as one of 11 essential programmatic actions for HIV prevention (51). Moreover, in 2006, WHO developed a comprehensive package of interventions for the prevention, treatment and care of HIV among people who inject drugs,¹⁵ with a harm-reduction approach at its centre. All these measures largely helped to cope with the harm 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, 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 NPSs (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 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 (such as scientific centres, drug experts, representative NGOs, civil society and local communities) (88). The two consecutive four-year action plans – the EU Drugs Action Plan 2005–2008 and the EU Drugs Action Plan 2009-2012 – prioritised reducing the demand for drugs, mobilising European citizens, reducing supply, improving international co-operation and improving understanding of the drugs phenomenon (89). In 2007, the EU moved a step forward towards civil society participation in drug policy, with the creation of the Civil Society Forum on Drugs (CSFD) (90). Composed mostly of umbrella civil society organisations covering the various aspects of drug policy (prevention, treatment and harm reduction). The forum, which is still in activity,¹⁶ aims to support policy formulation and implementation through advice.

Part 2. The 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 organised three ministerial conferences. The conferences discussed new challenges for drug policy in Europe (Dublin, October 2003); new signals for drug policies across Europe (Strasbourg, November 2006); and directions towards a coherent policy on psychoactive substances (Strasbourg, November 2010).

■ The Pompidou Group also invested in research on the analysis and interpretation of treatment demand through a complementary project. The Expert Forum on Treatment organised 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 the period from 2008 to 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 treatment systems in 21 European countries¹⁷ partaking in the group. The report contained epidemiological information on drug use, mortality, HIV and 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 the 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 has, since then, 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

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

16. www.civilsocietyforumondrugs.eu.

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 www.coe.int/en/web/pompidou/activities/prevention-prize.

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 which was born in this decade was the Mediterranean network for co-operation on drugs and addictions (MedNET). The group was set up following a feasibility study carried out at the initiative of France and the Netherlands in 2006. Initially, the network members were Algeria, France, Morocco, the Netherlands and Tunisia. MedNET organised 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 Egypt, Lebanon, Morocco and Tunisia (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 OST in Lebanon and Morocco, and projects to set up specific care and support services for women in Egypt (95). Currently,¹⁹ MedNET comprises 17 countries: 10 which are members of the Pompidou Group²⁰ and 7 non-member countries.²¹ The objective of the network is to promote co-operation, 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 network of partnerships between stakeholders at frontline level responding to drug problems providing experience and assistance for intersectoral co-operation (EXASS Net) – a multi-agency partnership network tackling drug problems at the frontline level, bringing together stakeholders 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 co-operation between the different stakeholders confronted with drug problems on the ground in the fields of justice, health and social affairs (96). The network was set up in April 2007 and has held 10 additional meetings²² since then: in Helsinki (2007), Preston (2007), Frankfurt (2008), Moscow (2008), Amsterdam (2009), Budapest (2009), Oslo (2010), Berlin (2011), Ljubljana (2016) and Maribor (2016). EXASS Net aims to facilitate the exchange of knowledge and experience of frontline activities in the different countries and to promote good practice, in particular understanding failures and misconceptions, identifying obstacles to co-operation and facilitating the transfer of expertise and mutual support.

■ At the end of the decade, the Pompidou Group also focused on the development of guidelines for the prevention of the recreational use of drugs in the context of nightlife. The Pompidou Group's Prevention Platform worked from 2007 to 2010 and published a prevention manual (97) focusing on the recreational use of tobacco, alcohol and other (illicit) drugs in nightlife. The manual brought special attention to towns and holiday resorts that became popular destinations 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 of Studies on Prevention (IREFREA).

19. See www.coe.int/en/web/pompidou/activities/mednet.

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

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

22. See 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, Head of the MedNET and Gender Unit

I graduated with a degree in Applied Foreign Languages and European Law and got a post-graduate degree 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 freelance translator in the UK. During my first 10 years within the Pompidou Group, I worked in the field of the epidemiology of drug problems. In the early 2000s, I had the chance to initiate co-operation in the Mediterranean region with the setting-up of MedNET. In addition to the co-ordination 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.



■ The year 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 co-operation 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 co-operate 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 co-operation to be established. The co-operation 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 European School Survey Project on Alcohol and Other Drugs.

■ 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: the 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 the successful completion of these 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 co-operation 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, as well as of action, led to the official birth of MedNET in 2006, first gathering five founding countries (Algeria, France, Morocco, the Netherlands and Tunisia), soon followed by others: Italy, Lebanon, Malta and Spain in 2007, Cyprus, Egypt and Jordan in 2010, Greece in 2011, Croatia and Palestine²³ in 2017, and Switzerland in 2018. The co-ordination 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, VIP customs clearance 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 along with representatives of the various ministries. The Minister of Health opened the conference and was also present at 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 among the countries of the South.

■ 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 co-operation 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, the date of which had changed several times in a few days due to the religious calendar;
- ▶ a multisource 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 demands of the network's member countries and not imposed and adopted by all its members;
 - ▶ a co-operation going beyond the borders of MedNET and its 17 participating countries, which benefits from the knowledge and exchange of knowledge of experts not only from Belgium and 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 co-operation 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 spanning the last 30 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 co-ordinate 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 co-operation 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 the 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, 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, the Netherlands and Spain, despite serious efforts to keep the countries in.

■ These developments meant that the Pompidou Group needed to refocus. To refocus on its flagships and on those areas in which 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 co-operation 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 Jabłoński) and later French presidency (Laura d’Arrigo) of the Permanent Correspondents as well as a strong and supportive bureau.

■ The Mediterranean network for co-operation on drugs and addictions was one of these flagships. Under the impulse and constant support of the French Presidency of 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 of the Middle East. Country profiles on drugs policy were prepared 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 intersectoral co-operation. 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 the 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 co-operation with the Pompidou Group. A national drugs strategy was drawn up 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 co-operation activities of the Pompidou Group were fairly limited in the early 2010s and focused solely on the Mediterranean region through MedNET. Sponsors were limited to France, Italy and Portugal and focused primarily on the co-operation with North Africa. In order to expand the co-operation programme to other regions, the secretariat reinforced its relations with the Office of the Director General of Programmes 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 de lutte contre certaines formes de Criminalité". From this emanated the Criminal Justice and Prison Programme in several countries of eastern Europe, which was the starting point for further co-operation 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, while 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 recognise themselves. This is how, in a few years, Bosnia and Herzegovina, the Republic of Moldova, Montenegro, North Macedonia and Serbia joined, and it was decided to create a South-East Europe network, in parallel to 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 participate in their World Congress, the participation of the Mexican authorities in several Pompidou Group activities and the contacts with the Drug Co-ordinators and Ministers of Health and Foreign Affairs of Mexico led in 2017 to Mexico's accession. Thanks to Mexico, our co-operation with the Organization of American States (OAS) and its specialised drugs office (CICAD) was reinforced.

■ The early years of the 2010s 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 enabled the group 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 co-operation body. Before this he held various positions at the Council of Europe, including responsibility for childhood policies and assistance programmes for eastern Europe. Later he was engaged in conflict resolution and post-conflict stabilisation in the Balkans and North Caucasus. Prior to taking up his duties with the Council of Europe, he worked in criminological research, taught comparative law and was a practising attorney.



■ After more than 20 years with the Pompidou Group someone might suggest that I have overstayed my welcome. 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 could 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 a 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. However, 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 co-operation –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 organised 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 realise 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's network of professionals working on the frontline, 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 has also 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, also, 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. Moreover, 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 co-operation with countries from the Americas. In this way we have become active players in an ever more globalised 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 co-operation 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 realise that drug policy is a complex and rapidly evolving field and that it is often extremely difficult to bring about much-needed change. However, we only have 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. However, 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 the 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

■ Today, 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, showing a steady increase. Amphetamine-type stimulants remained in third place and showed stable trends. The use of stimulant 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 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 highlighting compounded vulnerabilities.

■ During the 2010s, most countries in Europe showed either stable or increasing levels of cannabis use among young adults during the previous year. 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 throughout the decade, despite fluctuations per year. Waste-water analyses carried out in 45 European cities between 2011 and 2019 also showed an increase in cocaine residues for most cities (n=27), with others registering either a stable situation (n=10) or a decreasing trend (n=8). Throughout the decade, a higher quantity of cocaine in waste-water analyses was found in Amsterdam, Barcelona and London (98). The decade also saw an increase in people seeking treatment related to cocaine use, with Italy, Spain and the UK accounting for 72% of all reported specialised treatment entries related to cocaine in Europe (98).

■ Amphetamine-type stimulants remained the third most commonly used illicit drugs in Europe in the 2010s 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 levels of use 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 non-medical use of these substances has also increased, especially among university students (100). The use of methamphetamine, which was once mostly evident in the Czech Republic (when considering Europe), has also been reported in countries such as Cyprus, (eastern) France, Germany, the Slovak Republic, 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 use in the past year is higher in western and central Europe. While both the Netherlands and the United Kingdom showed stabilising trends of use in the last year, Denmark, Germany and Norway have reported an increase (99).

■ The use of opioids remained the main reported reason for entering specialised 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 European Syringe Collection and Analysis Project Enterprise (ESCAPE) network 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 of these cities (with the exception of Vilnius), they found a high proportion of syringes containing stimulants, most commonly cocaine, amphetamines and synthetic cathinones; combinations of stimulants and opioids 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 saw a temporary shortage or reduced access to some substances, although the market seemed to quickly stabilise (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 and were already in more vulnerable socio-economic conditions. The main difficulties reported by people who use drugs as a result of the pandemic included social isolation, intensified 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 at treatment centres. 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, lesbian, gay, bisexual, trans, queer and intersex (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). Moreover, criminalisation of drug use, coupled with the criminalisation of homelessness, sex work and LGBTQI populations hinders these groups from accessing care and basic human rights. In particular during the lockdowns in the Covid-19 pandemic, increased state repression has been registered against these populations (103). Although progress was made in the run-up to 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, regarding both demand and supply. Important sources of drugs entering the region are South America, West Asia and North Africa, and China for new psychoactive substances, 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, the Netherlands and Spain together accounted for 78% of the EU seizures in 2018, with large quantities also reported by France, Italy and Portugal. The number of cocaine samples tested by drug-checking services in Europe also rose throughout the decade (98).

■ The quantity of heroin seized within the EU highly fluctuated during the decade, with a slight increase in the first years, followed by a downward trend, to then more than double between 2016 and 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 the Czech Republic 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 shown a slow but steady increase. Amphetamine production takes place mainly in Belgium, the Netherlands 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 the Czech Republic and the border areas of neighbouring countries, with some production in the Netherlands. In particular 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). In addition, the market of new psychoactive substances continues to grow, with more than 50 new drugs being registered every 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 organised crime groups across Europe and worldwide. In the EU alone, the minimum estimated retail value of the illicit drug market amounts to €30 billion 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). In 2020, the major political response towards the drug trade remained 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. There was a noticeable change at the international level in this decade in terms of policy reforms around cannabis and the coca leaf. In 2013, Bolivia succeeded in legitimising 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 to amend the convention to uphold its requirement of abolishing coca-leaf chewing on the Bolivian territory. Several European countries objected to the amendment in 2013 (including Finland, France, Germany, Ireland, Italy, the Netherlands, Portugal, the Russian Federation, Sweden and the United Kingdom), 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 to the 1961 Single Convention on Narcotic Drugs in order to rejoin the treaty while allowing its indigenous people to chew 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 organisations have been raising concerns about sustainable development, since for-profit cannabis companies from the global North are currently competing for the world 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 legalise 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 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 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 saw the United Nations Special Session of the General Assembly (UNGASS) in 2016. The high-level meeting, which takes place 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 Colombia, Guatemala and Mexico, 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 those of Latin America and the Caribbean), had been calling for alternative policies to 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 an opportunity to openly discuss alternative policies to the current war on drugs (120).

■ The UNGASS outcome document, unanimously adopted in April 2016, indeed brought unprecedented innovation towards a more humanist approach of drug policies in comparison to its predecessors. As part of the solid progress, the document brought 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 co-operation 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, such as the omission of the need to end the death penalty, end the criminalisation, punishment and incarceration of people who use drugs, mention other recognised harm-reduction interventions, and discuss the possible regulation of drug markets (121,122). The process leading to the proposed document also brought reservations from 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 had already occurred 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, the Joint United Nations Programme on HIV/AIDS (UNAIDS), 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, the 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 reducing criminal justice costs, improving public-health outcomes and protecting many people from the devastating impact of a criminal conviction (124).

■ The death penalty as a punishment for drug offences is a major human rights violation that is still relevant 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 the death penalty for drug offences (126). In 2019, approximately 116 people were executed for drug offences worldwide and in 2020, 30 executions were registered in three 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 offences, 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 the 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 strongly advocated 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 NSPs and OST are available are in Europe, and 10 out of 12 countries with officially sanctioned drug consumption rooms are European. More than 90% of the countries have at least one NSP or OST site, and more than 90% 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 accessing healthcare 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 programmes in prisons to reduce the health risks of people who are incarcerated, these initiatives remain insufficiently available (103,127).

■ International drug control and the war on drugs have led to the violation of human rights of people who use drugs throughout the 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 2011 witnessed the birth of the European Network of People who Use Drugs (EuroNPUD),²⁴ during the first European harm-reduction conference in Marseilles. 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 a 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 needed to be tackled. It brought more attention to human rights, harm reduction and to policy reforms towards decriminalising drug use and regulating drug markets. Overall, the world seemed to navigate towards more evidence-based and rights-based approaches, with many such developments taking place in European countries.

24. See www.euronpud.net/home2.

25. For the original video of EuroNPUD formation see 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: www.youtube.com/playlist?list=PLUkduHmox5oinkURyWPZevja2RDyzMvYF.

Part 2. The 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 – Denmark, Germany, the Netherlands, Spain and the United Kingdom. Possible reasons for their decision included the number of more influential groups discussing overlapping issues concerning drug policies in the European Union and the United Nations, combined with limited (human) resources, and the membership fee of the Pompidou Group (3). Nonetheless, the group kept expanding, with 11 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 underlined 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 globalisation taking place in all fields of drug policy.

■ The Pompidou Group strived to address several challenges concerning drug policies in the 2010s. One of them, was recognising the importance of the gender dimension in 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 countries,²⁶ among Pompidou Group member states, former Pompidou Group member states and members of the co-operation network in the Mediterranean region (MedNET) (131). Later, an expert group researched and published work 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-organised a conference in Mexico City focused on women in drug policies. The conference exchanges showed a gap between policy and practice, unequal access to healthcare 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 the 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 on Drug Policy is conducted once a year, and its yearly topic is chosen by the Permanent Correspondents of the group based on emerging needs. These were, for instance, "Effective Governance of Coherent Drug Policies" in 2011,²⁸ "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 2019.³⁰ Advancing in this direction, the 2019-2022 work programme of the Pompidou Group foresaw the implementation of the International Drug Policy Academy (IDPA), which aims to facilitate expertise and build capacity for more effective implementation, management and evaluation of coherent drug policies and related programmes. Co-operation 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 2021.³¹

■ 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

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

27. See www.coe.int/en/web/pompidou/activities/executive-training.

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

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

30. See rm.coe.int/2019-training-course-flyer-eng/1680908d4e.

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

Europe focused on the situation of people who use drugs among criminal justice populations and the corresponding healthcare responses in nine countries³² in these regions (135). Moreover, during the 2010s, the Pompidou Group strived to strengthen its co-operation with civil society representatives. 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 other things, to a great extent to the group's active participation in and contributions to international events such as UNGASS 2016, CND, WHO, Organization of American States/Inter-American Drug Abuse Control Commission (OAS/CICAD), EMCDDA and European Centre for Disease Prevention and Control 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 a renewed approach to human rights in the 2010s. 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. Bringing human rights to the forefront of drug policy was a main priority there. At the 81st meeting in Strasbourg on 21 and 22 November 2017, 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 would:

- ▶ promote the respect for 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 and Herzegovina, Georgia, Republic of Moldova, Montenegro, North Macedonia, Russian Federation, Serbia and Ukraine.

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

by Jan MALINOWSKI,
fourth 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 the Department of Social Rights, which oversees 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 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 of America, 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 50 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 – as 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, as a 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 taking 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 were raised when, during the 2016 UNGASS,³³ we heard the figures of estimated preventable drug-related deaths worldwide. One preventable death is one too many: it could lead to 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 coherence,³⁴ mental health,³⁵ harm reduction,³⁶ austerity,³⁷ 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

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).

any offence, in line with the Council of Europe's principled position that turned the continent into a death penalty free space.³⁸ It repeated its human rights and evidence messages at every opportunity, including at international meetings and events (UN, CND,³⁹ 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 in calling for human rights sensitive approaches to substance use and to combating 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 real meaning to human rights in drug policy and set out to find the evidence needed to make better policies. In its work programme for 2015-18, "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 2015-18 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 healthcare 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 statement on bringing human rights into drug policy development, implementation, monitoring and evaluation.⁴⁰ 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 focusing 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 WHO, the Joint United Nations Programme on HIV/AIDS (UNAIDS), the UN Office on Drugs and Crime, 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 pipeline,⁴⁴ while other Council of Europe bodies also contribute to this common human rights endeavour. In particular, the Parliamentary Assembly of the Council of Europe recently adopted a resolution and recommendation entitled "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 drafting 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 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 procedure.⁴⁷

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 policy-making body of the United Nations system with prime responsibility for drug-related matters.

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

41. More in Pompidou Group publications 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. rm.coe.int/appendix-questions-rev-charter-2021/16809efaf1.

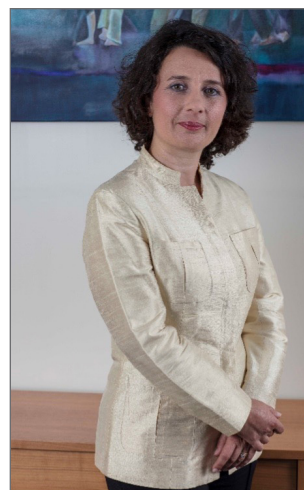
■ There are other Council of Europe departments that also have valuable contributions to make on the connection between human rights and policies on psychoactive substances and related disorders – children, gender equality and women’s rights, criminal law, justice, the rule of law, etc. – but the Pompidou Group should, and I am convinced it will, continue to have a central and 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, however 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 Interministerial Mission for
the Fight against Drugs and Addictive Behaviour

After eight years in various positions within European institutions, both in the European 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. She has been the President of the Board of Directors of the European Monitoring Centre for Drugs and Drug Addiction since 2016.



■ 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 characterised 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; and 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 Behaviour: Mr Etienne Apaire and Ms Danièle Jourdain-Menninger.

■ The French presidency, in close co-operation 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 organisations.

■ 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 misuse 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 co-operation 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 co-operation 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 co-operation 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 co-operate 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 co-operation 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 behaviour, 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 of 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 Minnesota, USA (1997). From 1999 she worked as an advisor, and from 2006 deputy director general, of the Norwegian Ministerial Unit on Alcohol, Illicit Drug and Tobacco Policy, currently seated at the Ministry of Health and Care Services. She was the Permanent Correspondent of Norway to the Pompidou Group from 2006 to 2020, held Norway's seat on the Pompidou Group Bureau for more than a decade, and was the Chair of the Permanent Correspondents during the Norwegian presidency (2015-2018). Ms 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 all 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's 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 of 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. You could not find a more meaningful framework for co-operation on the many difficult issues regarding illicit drugs and drug addiction.

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

■ The 2015-18 work programme was entitled "Drug policy and human rights: new trends in a globalised context", and the priorities revolved around human rights, positive and negative implications of drug policy and new challenges. This timely title underlined important priorities for the voice of the Pompidou Group in the polarised global drug policy debate at the time.

■ During those four years, drug policy and drug policy debate evolved. Drug policy in many states, Norway included, went through considerable changes in 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 this. 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 went on to include a section on civil society co-operation 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 from 2015 to 2018, the group contributed to shedding 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 it, led to a project where the aim was to improve the knowledge base and thus pave the way for a better discussion climate. This is a good illustration of the Pompidou Group's added value and ability to offer an open debate even on controversial issues and to further the debate.

■ In my view, the added value of such projects under the Pompidou Group umbrella is not only the concrete results, but also the process itself. The debates in the forum of the Permanent Correspondents and in expert groups bring awareness to representatives of all Pompidou Group member states and beyond, of 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 blocks for understanding and progress.

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

■ During these years we saw successes such as the Airports Group, which has celebrated its 30th anniversary, and MedNET, which has 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 were 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 on new psychoactive substances in Venice, Italy, in 2016.

■ Other activities were also carried out, and the broad portfolio shows the flexibility and the wide scope of the Pompidou Group. The portfolio also demonstrates another strength of the group: the ability to cater to immediate needs and 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 nature. At the same time, it is important not to use 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 analysis? What the priorities should be is not for me to conclude, however the one conclusion I do reach is that the need to prioritise and to develop even better methods for how to make priorities will also be present in the years to come.

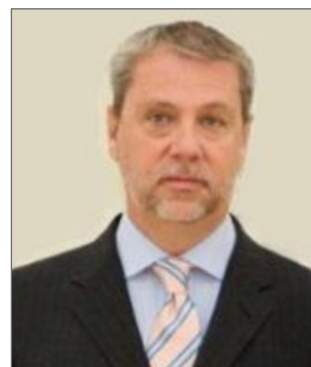
■ During the work plan period, the group saw increased interest from non-member states, and welcomed Bosnia and Herzegovina to the group in 2015, Monaco in 2016 and Mexico in 2017, bringing the total number of Pompidou Group member states to 39. Only by making careful priorities while safeguarding the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

■ It is my hope that the Pompidou Group, in the four-year cycle from 2015 to 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 Organization of American States (2017-2019). Between 2013 and 2017 he was Permanent Representative of Mexico to the 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 the 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 of the Council of Europe's long-established traits: developing higher common standards and, whenever possible, sharing them globally. And while new Council of Europe conventions only allow for extra-European positions when non-member states actively participate and influence the outcome of their negotiations, the admission of non-Council of Europe 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 of 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 replace other global arrangements that have failed. Ever since, it has actively participated in the group, working hand in hand with 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 an observer state to the Council of Europe, where my country has enjoyed a front row seat for developments in 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 Council of Europe, 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 the 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 OAS. This perception was formalised by the recently established Council of Europe–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. 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 everyone is aware that the Council of Europe is, to some extent, the European counterpart of the OAS, and vice versa. Both organisations are pan-regional and thus have very diversified memberships. 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 Council of Europe and OAS have established courts for the protection of human rights and liberties of citizens of their respective member states. In turn, the OAS drugs and addiction arm, the Inter-American Drug Abuse Control Commission (CICAD), has evolved from a reactive, naming and blaming, confrontational agency into a platform of co-operation, 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 the Council of Europe 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 Council of Europe members that left the Pompidou Group and attract those who never joined. This should indeed continue to be a priority. But as the successful participation of non-Council of Europe members, such as Mexico and Morocco and the MoU with OAS have shown, the Pompidou Group has earned its rightful role 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 programmes

by Janusz SIEROSŁAWSKI and Piotr JABŁOŃSKI



Janusz Sierosławski

A sociologist and researcher from the Institute of Psychiatry and Neurology in Warsaw, Mr Sierosławski has held the position of Permanent Correspondent of Poland to the Pompidou Group since 2007. From 1994 until the beginning of the 21st century he was involved in activities of the research platform of the Pompidou Group. Through the National Bureau for Drug Addiction, he co-operates with the European Monitoring Centre of Drugs and Drug Addiction. He is the author or co-author of approximately 150 scientific publications on alcohol and drug problem as well as other addictions.



Piotr Jabłoński

Mr Jabłoński holds a PhD in Medical Sciences from Poznan University of Medical Sciences. He graduated from the Pedagogical Faculty at Warsaw University and completed post-graduate 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 co-ordinating and advisory body to the President of the Council of Ministers.

■ One of the milestones in the development of the Pompidou Group's mission was formulated in the background publication *Drugs and drug dependence: linking research, policy and practice – Lessons learned, challenges ahead*, written 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 the 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 research results, hence prevention or treatment activities were often far from scientific evidence. At that time, researchers were also not always interested in the practical results 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 the perspectives of researchers, policy makers and practitioners. Therefore, when Poland took over the Presidency of the Pompidou Group in 2007, a training initiative was launched that became the flagship of our programme.

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

■ In the 1990s, the Pompidou Group carried out a highly successful series of training programmes called the Demand Reduction Staff Training Programme, widely known as DRSTP, for drug policy makers and planners. People participating in the programmes greatly appreciated the practical usefulness of the experience gained through them, and some 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 modernise 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 drugs and drug addiction still forms the DNA of the group. Or to use the words of Professor 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 the Pompidou Group the concept of establishing new focus areas within the group that provided curriculums and training for various stakeholders on the interconnectedness between drug policy, health and human rights law.

■ 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 the Permanent Correspondents, the ad hoc advisory Group on Pilot Training Courses on Drug Policy Management was established, which developed the basic principles and training programme. At this point, it is necessary to mention the merits of colleagues from Switzerland, and above all Dr René Stamm, and from the Pompidou Group 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 received a lot of attention and 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 programme, the feedback received has been nothing but positive and further evaluation demonstrated that this training programme effectively met existing needs and interests.

■ During the last decade, the training formula was modernised 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 programmes 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 programmes which recognise that professionals have completed multiple executive training programmes 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 IDPA 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 the concept paper, participants engaged with the IDPA 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 on offer will be the 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 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 10 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 worked both in the Congress of Local and Regional Authorities of the Council of Europe and in the Directorate General of Administration.

Denis Huber has been the Executive Secretary of the Pompidou Group since July 2018.



■ 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, as 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 from 2008 to 2012.

■ The idea became a formal proposal, presented jointly by the outgoing (Norway) and incoming (Portugal) presidencies 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 seven 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 on 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 expected 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 group from 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 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 and 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 co-operate 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, the European Commission, the United Nations Office on Drugs and Crime, the Inter-American Drug Abuse Control Commission/Organization of American States.

■ In view of the 50th anniversary, I also contacted public figures 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 to the problem and the contribution made by the Pompidou Group. The publication would also include personal testimonies of those 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 lines of the future statute, as they had emerged during the discussions, were as follows:

- ▶ reaffirming the group’s multidisciplinary approach, which has been its major characteristic since its creation;
- ▶ extending the group’s mandate (which was mostly desired) to include issues related to addictions and addictive behaviour linked to licit (and not only illicit) substances, but also to non-substance addictions (such as online or video games);
- ▶ focusing on the respect and promotion of human rights in the design, adoption and implementation of drug policies;
- ▶ changing 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 co-operation 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 (as the health crisis required!).

■ 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 Organization 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 Conference of International Non-Governmental Organisations (INGOs) of the Council of Europe, 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 10 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 (30 April and 26 May), to reach a consensus, which took the form of a draft resolution on the revised statute of the Pompidou Group, complemented by a draft Declaration of the Committee of Ministers on the occasion of the group's 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 2021,⁵⁰ without further debate except for very positive interventions by the Hungarian Ambassador (as President of the Ministers' Deputies), the Portuguese Ambassador (on behalf of the Portuguese presidency 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 expand 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 Kyiv on 12 and 13 July.

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

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

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 co-operation framework to fight against drug abuse and drug trafficking, the Pompidou Group has developed over the years into a key international player that promotes a humanistic approach to 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 summarises 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 was 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 and fostering synergies with other international organisations and Council of Europe bodies, the new statute gives a fresh political impetus and opens new legal avenues to the Pompidou Group.

■ This new statute was 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 for 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

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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 co-ordinate their action in the most general and effective way.

If you think this co-ordination 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.

Georges Pompidou

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 co-operation;
- ▶ constitutes a unique Pan-European mechanism for intergovernmental co-operation 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 co-operation 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”;

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 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;

■ 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;

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

- ▶ a capacity for collective reflection on and innovation in the framing, implementation and evaluation of policies, taking into account members' specific needs.

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

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.

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;

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 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 4 January 2021;
- 2) A co-operation 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 the Pompidou Group and the Inter-American Drug Abuse Control Commission (CICAD);
- 3) Publication on Covid-19 and people who use drugs, prepared by the Pompidou Group together with Correlation – European Harm Reduction Network, issued on 1 March 2021;
- 4) Participation, from 12 to 16 April, in the 64th High-level session of the Commission on Narcotic Drugs, 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, was entitled "Placing human rights at the heart of drug policies". In addition, the Pompidou Group has sponsored five 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 autumn session of the Parliamentary Assembly of the Council of Europe (27 September -1 October 2021);
- 7) The organisation at the Council of Europe in Strasbourg of the second symposium on Drug Consumption Rooms on 1 July 2021;
- 8) Publication of a news item on the occasion of the 50th anniversary of President Pompidou's founding letter sent on 6 August 1971 (6 August 2021);
- 9) The launch of the Drug Policy Executive Course, the newly created 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.

Some 50 years later, the group still proudly bears the name of its founder, and its geographical scope encompasses 41 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 those people 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.

