

**Opinion on the Commission Communication and proposed Decision for Community action  
in the field of drug dependence**

(95/C 210/14)

On 20 September 1994, the Council of Ministers decided to consult the Committee of the Regions, under Article 198c of the Treaty establishing the European Community, on the above-mentioned Communication and Decision.

The commission on Economic and Social Cohesion, Social Policy and Public Health, which was responsible for preparing the Committee's work on the subject, adopted its Opinion on 12 October 1994. The Rapporteur was Mr Eurig Wyn.

At its 5th plenary session (meeting of 16 November 1994) the Committee of the Regions adopted the following Opinion.

## 1. Introduction

The Committee of the Regions welcomes the Commission's communication which is proposing a strategy aimed at developing Community action which would lead to the prevention of drug dependence. This action would be within the framework of the programme on public health. The Committee of the Regions is pleased to say that the European Commissioner's communication acknowledges the:

- increase in drug mortality and morbidity;
- increase in the number of requests for treatment;
- increase in the number of first-time use of drugs;
- high percentage of drug addicts among prisoners;
- increase in the number of AIDS cases linked to drug use;
- growing concern among drug users about the risks of infection with HIV.

## 2. General comments

2.1. The Committee of the Regions stresses that individual socio-cultural, legal, medical, economic and geographic factors exist in Member States and regions and thus bear differently on individual national and regional policies. The problems occasioned by these differences should be assessed by the Community to back up drug dependence action. Some aspects do converge and respond to corporate approaches.

2.2. The Committee of the Regions would wish to support the European Commission in its aims, but believes that whilst the ultimate objective is to end drug use, we should set as an initial target the reduction of use.

2.3. The Committee of the Regions believes that increased resources need to be made available in the field of drug education and demand reduction. The reduction in any dependency can most effectively be achieved through early intervention.

## 3. Specific comments

### 3.1. Paragraph 41

The Committee of the Regions asserts that a high proportion of drug users are leading normal lives with no marginalization. It therefore requests that the European Commission clarify that marginalized drug users are a minority who place high demands on services. Few services offer support to ethnic minority groups.

### 3.2. Paragraphs 42-43

The Committee of the Regions in general agrees with the activities suggested. It particularly supports the creation and supports of telephone help. Additionally we suggest that work to identify ways of accessing hard-to-reach groups is included in the listing in paragraph 43. The unemployed should be identified as a group requiring special attention.

### 3.3. Paragraphs 44-48

The Committee of the Regions strongly supports the view that the prevention of drug dependence through education is best carried out in the general context of promoting more positive attitudes towards health. It believes that local and regional authorities with responsibility for education are best placed to deliver such programmes. The COR would draw attention to the strategic position occupied by youth service and community education personnel and the contacts they have with young people who are disconnected from any other public services.

The COR believes that training is a cornerstone of any future action to provide good services in this area. It particularly supports the establishment of multi-disciplinary drug prevention training modules. Experience has shown that these have proved to be extremely effective in building local partnerships in this area of work. There is great advantage in close connection between local authorities and police services.

### 3.4. Paragraphs 50-52

3.4.1. Evidence of the effectiveness of the high level of expenditure within the UK and some other Member States on needle exchange schemes demonstrates how health risks from using shared needles/equipment can be contained and controlled.

3.4.2. The COR would underline the fact here that to change the risk behaviours of vulnerable groups they have to be offered services. Priority should be given to educating drug addicts on the dangers of needle sharing. One of the key services is needle exchange. Low-level programmes should be implemented mainly by non-government organizations, which are easier to get underway than official programmes. The delivery of information on risk behaviour will be frustrated if the particular means to implement the advice are not available.

### 3.5. Paragraphs 53-56

The group of children and young people who are attracted to the use of drugs at an early age tends to coincide with the same cohort of young people who have been affected by family disruption, poverty, housing and other social and economic issues. Young people who are not in employment are particularly vulnerable. Therefore, the COR believes that procedures for monitoring children and young people, backed up by testing, would be the best form of early detection for drug use. In addition, the creation of support centres with integrated educational programmes should be fostered so that early detection is continued through such support programmes.

### 3.6. Paragraphs 57-58

The COR agrees with the proposals set out in paragraph 58 on reintegration into the work place, vocational training opportunities and sporting and cultural programmes. It is particularly important to develop vocational training programmes which lead to real work opportunities giving drug users the opportunity to rebuild their lives. At the same time the Community should encourage the creation of work structures for

drug addicts who are capable of work but who, because of their addiction, would find it very difficult to find a job through the normal channels. The Community should encourage the setting aside of jobs for drug addicts who find themselves in this relatively favourable situation.

### 3.7. Paragraphs 59-61

The development of services for drug addicts in prison is vital. The COR believes that unless addicts in prison receive both treatment and rehabilitation their post-prison behaviour within the broader community will add to the problems we face from drug addiction. The COR support the activities set out in paragraph 60, in particular, it believes that there needs to be a reinforcement of links between the services available in the community and programmes within prisons.

### 3.8. Paragraphs 62-63

The COR strongly supports the proposals set out here with regard to those who use licit substances and the proposal to undertake prevention efforts in the fields of education, information and training paragraphs. It supports research that develops non-discriminatory procedures for dealing with drug users.

### 3.9. Paragraphs 64-67

The COR agrees with the absolute necessity for the collection of data on the extent of the drug abuse problems and the structures, trends and consequences of drug abuse. It would urge that the information provided be presented in such a way as to be useable by all workers in this field, particularly those working in drug agencies that require information that assists them to plan their service strategies from an informed position.

### 3.10. Paragraphs 68-69

The COR hopes that research commissioned by the Commission will be targeted on activities that serve on the needs of those working in the field of drug prevention and are not too specialist in their nature. There is a lack of research in the area of the prevention of drug dependence with little work carried out measuring the outcomes of drug prevention programmes. The COR welcomes the European Commission's aim to encourage Member States to develop this further.

#### 4. The Proposed Action Programme

4.1. The COR supports the proposals for an action programme. In particular it supports the initiative to support young people of school going age in relevant environments, and the promotion of best practices in this regard. It needs to be emphasized that many of the young people who are in this target group will not be able to be targeted through school environments, and thus the range of activity available will be critical. It encourages the European Commission to ensure sufficient funding is available.

4.2. The COR would welcome the establishment of an advisory body on drug dependence, and the suggestion that National coordination committees for Drug Dependence should be established. It would support those bodies including elected representatives. In addition, the Regions/Local Authorities must be more closely involved

to ensure that the measures involved tie in better with local projects. To this end, the regional and local authorities must be briefed, in time and at all stages of the programme, about proposed measures.

4.3. The COR requests that in elaborating its action programme the European Commission bears in mind these comments on its communication. The COR would welcome further opportunities to comment upon the action plan as it develops, and make available the experience of local authorities in this vital area.

#### 5. Conclusion

The Committee of the Regions is convinced that when an overall strategy on drug prevention has been developed we will see signs of the quality of life of Europeans being protected, and the health and welfare of some of its citizens being improved.

Done at Brussels, 16 November 1994.

*The Chairman*

*of the Committee of the Regions*

Jacques BLANC

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### Opinion on the effects of the use of bovine somatotropin on milk production in the regions of the European Union

(95/C 210/15)

At its 5th plenary session held on 15 November 1994, the Committee of the Regions, in accordance with Article 198c of the Treaty on European Union, unanimously adopted its Own-initiative Opinion on the effects of the use of bovine somatotropin on milk production in the regions of the European Union. The Rapporteur was Mr Bocklet.

#### Recombinant bovine somatotropin (rBST)

1. BST is a protein, produced naturally by the pituitary gland, which controls cow milk production. It can also be obtained by genetic engineering techniques, in the form of recombinant bovine somatotropin (rBST) which differs only slightly from natural BST. Under normal administration conditions rBST cannot be detected in milk and its proper use therefore cannot be monitored.

2. Injected rBST can increase milk yields by up to 20%. However, animal health problems frequently arise. rBST injections have raised the hormone level to physical limits. rBST thus degrades cows to milking machines and causes avoidable pain. On animal protection grounds, this is unacceptable.