



CPME/AD/Brd/290303/7/EN/fr

At its Board meeting, Brussels, March 29<sup>th</sup>, 2003, the CPME adopted the following policy : **CPME statement on the “Recommendations on the prevention and reduction of risks associated with drug dependence** (CPME 2002/157 Final EN/fr)

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2001 – 2004 programme of the ESC and CREIJA – Plan to combat drugs

Europeans affected by drug use come from all social backgrounds, all ethnic origins, from towns, suburbs and even the countryside.

However, the predisposing sociological factors are known to professionals in the area, particularly general practitioners: unemployment, isolation, lack of education, marginalisation, insecurity, homelessness, lack of hygiene etc.

European doctors are well aware that changes, are and will be necessary in society to prevent these behavioural damages, its aggravating factors and its future consequences.

Furthermore, doctors are asking health authorities to support them in order to maintain access to treatment for these people. For this reason, a commitment to specific funding, safety measures for professionals, continuous training, remuneration and suitable logistics are required.

Having said this, the CPME approves the recommendations proposed by the Council on the prevention and reduction of the risks associated with drug dependence, but also draws attention to the need to reinforce the prevention of drug dependence, especially in occasional drug users and youngsters.

With regard to prevention, treatment and the reduction of the risks associated with drug dependence, the CPME proposes the following:



1. Commitment and status of doctors participating in the treatment and fight against drugs
  - These doctors must be determined and motivated
  - They must have both basic training as well as having completed CME as regards drugs, their toxic effects, the risks of infection (HIV, hepatitis B and C, tuberculosis etc.), the pathology of drug addicts,
  - They must be part of a multi-disciplinary action
  - They must be ~~therapists~~ trained in personalised common and intercurrent diseases treatment
  - They must work with primary care services and hospital care services
2. Deontology
  - The protection of medical confidentiality, the independence of doctors, personal respect and continuous care are essential
3. The quality of service will be guaranteed by
  - a) provision of resources sufficient to ensure
    - adequate numbers of an appropriate mix of properly supported and trained health and social care professionals
    - suitable incentives and rewards for those involved in this work
    - that all the services necessary to support both the individual clinician and those suffering from dependence are in place
  - b) monitoring and assessing practices
  - c) improving the quality of intervention
  - d) participating in epidemiological studies within the public health sector
  - e) limiting the number of admitted drug-addicted patients taken on by each doctor to a maximum, which must be compatible with the requirements of quality, personalized treatment.
4. Public health and activities to be promoted
  - Patients shall sign a commitment to undergo treatment with the doctor in order to limit desertion
  - Use all measures to reduce supply, information in schools, fêtes etc.



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- Develop medico-social structures for early prevention among users: distribution of syringes, condoms, vaccines etc.
- Disseminate objective information on the effects on health, the dangers: among athletes, young people, workers, local communities etc.
- Develop research and experimental work on: prevention, vaccines, harmful effects, psycho-social effects, toxic combinations, tobacco, alcohol, ecstasy, new drugs etc.
- Consider the socio-therapeutic measures regarding asocial patients, patients in prison, marginalised patients, vagrants.

#### 5. Substitution and therapy

- Provide medicines with the market authorisation procedure, specifying the particular indication for substitution therapy
- Provide the galenic form of medicines, suitable for use by drug-addicted patients
- Substitution treatment ~~also~~ integrated into a personalised approach and without an adverse medicinal interaction with other necessary treatments
- Treatment and substitution of drugs integrated in treatment networks, in search of the right treatment at the right cost
- Treatment and follow-up therapy of infectious diseases associated with drug dependence

#### 6. Position of the medical body at Community level

- Professional practice in the spirit of humanistic aid in a socio-medico-political context
- No police constraints
- Carried out in all the Member States of the European Union by bodies and/or associations in the field
- By a network of multi-disciplinary teams respecting medical ethics, with a view to harmonising practices
- Linked to one or more of the widely recognised and validated specialist reference structures
- The network is subject to a declaration to authorities: health insurance bodies, social authorities, professional bodies, medical authorities etc.



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The participation of the CPME in the strategy (adopted in December 1999) and the Commission's action plan (approved on 4 November 2002), and of the Presidency of the Council against Drug Trafficking and Abuse, shall set the following objectives:

- to reduce the harmful consequences of drug addiction
- to increase the number of successfully treated drug addicts
- to increase prevention in collaboration with civil society

In return for the participation of European doctors and health professionals, the CPME, in their name, would like to be kept informed of the pilot group (under construction for 2003) and in particular of the comments regarding:

- the methods and skills brought together in this action plan
- the main objectives and the time limits set to achieve them
- the implementation of a monitoring mechanism and its joint composition, open to associations