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Subject: Council conclusions on people having drug use disorders that co-occur with other mental health disorders

Delegations will find in the annex the Council conclusions on people having drug use disorders that co-occur with other mental health disorders, as approved by the Council (Justice and Home Affairs) at its 3992th meeting on 4 December 2023.

Council conclusions on people having drug use disorders that co-occur with other mental health disorders

The Council of the European Union

RECALLING that:

The World Health Organization (WHO) Constitution defines health as “a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity” and highlights that “the enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being”¹.

Goal 3 of the Sustainable Development Goals promotes the equal, non-discriminatory access to quality health care services for everyone as part of universal health coverage².

According to the EU Charter of Fundamental rights everyone has the right of access to preventive health care and the right to benefit from medical treatment under the conditions established by national laws and practices. A high level of human health protection shall be ensured in the definition and implementation of all Union policies and activities.

The EU Drugs Strategy 2021-2025³ and the EU Drugs Action Plan 2021-2025⁴ aim to protect and improve the well-being of society and the individual, protect and promote public health, offer a high level of security and well-being for the general public, increase health literacy, and identify the implementation of appropriate models of treatment and care for groups with special needs as a strategic priority area.

¹ [Constitution of the World Health Organization \(who.int\)](https://www.who.int/constitution)

² UN Sustainable Development Goals. Goal 3: Ensure healthy lives and promote well-being for all at all ages: <https://www.un.org/sustainabledevelopment/health/>

³ EU Drugs Strategy 2021-2025: OJ C 102I of 24.3.2021, p. 1

⁴ EU Drugs Action Plan 2021-2025: OJ C272 of 8.7.2021, p. 2

*The Commission Communication on a comprehensive approach to mental health*⁵, published on 7 June 2023, recognises that the special care needs of people with comorbidities should be addressed to facilitate access to effective treatments, in particular for people with drug-use disorders, in line with the EU Drugs Strategy 2021- 2025 and the related Action Plan. Furthermore, the communication points out three guiding principles that should apply to every citizen: i) access to adequate and effective prevention, ii) access to high quality and affordable mental healthcare and treatment and iii) reintegration in society after recovery.

The WHO⁶, UNODC⁷ and EMCDDA⁸ recognise that people who use drugs and have drug use disorders (DUDs) often also have other mental health disorders, thus, the association between the two should be assumed as standard rather than deemed an exception. These individuals, also termed as people with DUDs and other co-occurring mental health disorders, or people with DUDs and other psychiatric comorbidities, or people with dual disorders, constitute a group with special needs.

⁵ Communication from the commission to the European Parliament, the Council, the European Economic and Social Committee and the committee of the regions on a comprehensive approach to mental health, Brussels, 7.6.2023, COM(2023) 298 final. https://health.ec.europa.eu/publications/comprehensive-approach-mental-health_en

⁶ WHO/UNODC International standards for the treatment of drug use disorders: <https://www.who.int/publications/i/item/international-standards-for-the-treatment-of-drug-use-disorders>

⁷ CND Conference Room paper “Comorbidities in drug use disorders” (2022): https://www.unodc.org/documents/drug-prevention-and-treatment/UNODC_Comorbidities_in_drug_use_disorders.pdf

⁸ EMCDDA, Comorbidity of substance use and mental disorders in Europe: [Comorbidity of substance use and mental disorders in Europe | www.emcdda.europa.eu](https://www.emcdda.europa.eu/comorbidity-of-substance-use-and-mental-disorders-in-europe)

DUDs and other co-occurring mental health disorders are associated with a wide range of negative consequences: compared to people with a single disorder, people with dual disorders have greater psychopathological severity and present higher rates of emergency admissions, more psychiatric hospitalisations, higher risk of drug use relapse, worse treatment adherence and outcomes, increased likelihood of suicide, overdose and premature deaths. Additionally, patients with dual disorders are more likely to display high-risk behaviours linked to infections, such as HIV and hepatitis C viruses. They are also more susceptible to social consequences such as unemployment, poverty and homelessness, compared to people with only DUDs or with mental disorders other than DUDs⁸⁹¹⁰.

Dual disorders represent a considerable burden on health and social systems, and the WHO and UNODC emphasise the importance of detecting and treating comorbid mental disorders in people with DUDs. Both organisations recommend that national health systems develop a coordinated strategy and interventions at different system levels to address the unmet needs of people affected by dual disorders⁸⁹.

ACKNOWLEDGING that:

Dual disorders are prevalent in EU Member States, although the available data on their prevalence are still limited and heterogeneous. Where studies exist, they indicate that rates depend on a wide range of factors including: the sample studied (e.g., general population, patients in general hospitals, in mental health or drug services, in prison, homeless population); individual and social factors, type of substance consumed and patterns of use (e.g. frequency , route of administration...); accessibility to health/social services with trained professionals (in primary, mental health or drug use care). In most cases the collection of data on dual disorders for monitoring purposes is limited or absent, and measurement methods/instruments differ between countries and settings. The impact of stigma and potential discrimination in mental health and especially related to drug use is an aspect worth highlighting⁹¹⁰¹¹.

There is a need to develop, provide and implement evidence-based, prevention and interventions that are effective in dual disorders. Those interventions must be integrated, multidisciplinary, comprehensive, and non-discriminatory. However, challenges remain in this endeavour as regards implementing the recommendations of available research towards an integrated therapeutic approach to dual disorders, as well as making effective treatments and other interventions accessible.

⁹ 2023 EMCDDA Women and drugs: health and social responses.
https://www.emcdda.europa.eu/publications/mini-guides/women-and-drugs-health-and-social-responses_en

¹⁰ 2023 EMCDDA Older people and drugs: health and social responses.
https://www.emcdda.europa.eu/publications/mini-guides/older-people-and-drugs-health-and-social-responses_en

¹¹ 2023 EMCDDA Homelessness and drugs: health and social responses.
https://www.emcdda.europa.eu/publications/mini-guides/homelessness-and-drugs-health-and-social-responses_en

In most EU Member States, dual disorder care is shared between two care networks, the mental health care network and the drug treatment network. This may create difficulties in ensuring the accessibility and effectiveness of treatment, creating specific challenges (i.e., the “wrong door” issue). In order to avoid that patients with dual disorders have limited or no access to the appropriate treatment services, dedicated efforts should be made to identify these disorders and approaches which ensure close coordination/integration between different services.

There is a need to raise awareness of the special care needs of people with DUDs and other mental health disorders (or: conditions) in health and social responses, including in the areas of prevention, treatment, harm reduction and reintegration.

Furthermore, the involvement of all relevant stakeholders, including policy-makers, health and social professionals⁸ academia, civil society and people with lived experience is required in order to move towards a system that provides accessible, affordable, evidence-based services for people with DUDs and other mental health disorders. Cooperation between the Member States and with the Commission through the exchange of experience and best practice is also needed.

Indicators will need to be developed to monitor the progress in this area, including on the epidemiological situation and on the interventions provided as a response.

There is a need to improve and develop further efforts geared towards people with dual disorders in special and vulnerable situations: such as children, young and older people, people experiencing homelessness, people from migrant or ethnic minority backgrounds, LGBTI¹² persons, persons with disabilities, as well as in specific settings such as prisons, compulsory care, or for people involved in court proceedings. The gender equality perspective and the leave no one behind principle according to UN Sustainable Development Goals are vital in addressing inequalities in the area of mental health and DUD. Overall, the stigma and risk of discrimination needs to be addressed and identify possibilities of prevention activities.

¹² See the Commission’s LGBTIQ Equality Strategy 2020-2025 (COM(2020) 698 final)

RECOGNISING that:

Establishing care strategies, including early detection, accurate diagnosis, coordinated care, evidence-based treatment, training for health and social care professionals and others as needed, adequate funding for these patients needs are some of the biggest challenges faced by policy-makers and practitioners now and in the coming years.

It is within the power of the EU Member States to develop and adopt drug policy measures, whilst RECALLING that pursuant to Article 168 of the Treaty on the Functioning of the European Union, the European Union complements Member States' actions to reduce drugs-related health damage, including information and prevention measures.

While the management of mental health care is the exclusive competence of EU Member States, the EU plays a crucial role in collaboration with other institutions such as the World Health Organization, the United Nations Office on Drugs and Crime, the European Monitoring Centre for Drugs and Drug Addiction, academia, and civil society organisations, by providing advice, facilitating the dissemination of best practices, and supporting standardised information systems. This also applies to legal measures and training syllabi for health-care workers regarding mental health and substance use disorders.

INVITES EU MEMBER STATES AND THE COMMISSION, AS WELL AS OTHER RELEVANT EU BODIES AND AGENCIES IN THEIR RESPECTIVE AREAS OF COMPETENCE AND AT THE APPROPRIATE LEVELS, PURSUANT TO THE PRINCIPLE OF SUBSIDIARITY, TO:

1. CONSIDER drug use disorders (DUDs) co-occurring with other mental health disorders as an important challenge for drug and mental health services and policies that requires a multidisciplinary and comprehensive response to the needs of people with these disorders;
2. MOVE TOWARDS **interventions at different system levels** in the management of people with DUDs and other mental health disorders with a multidisciplinary approach that involves all relevant stakeholders, including policy-makers, health and social professionals, academia, civil society and people with lived experience;
3. INCLUDE in the **health, mental health and drugs** policies the need to develop responses to the needs of people with DUDs and other mental health disorders and pay particular attention to groups in vulnerable situations and to the gender equality perspective;
4. DEVELOP AND IMPLEMENT **prevention, risk and harm reduction, treatment, recovery, integration and reintegration programmes** as well as methods for systematic detection of other mental disorder comorbidities, that are based on the scientific evidence and best practices.
5. AIM to undertake specific efforts to develop **personalised interventions** adjusted to individuals' special needs according to their specific individual and social factors and comorbidity (e.g., type of psychiatric disorder and type of DUD), in a non-discriminatory manner;
6. PAY PARTICULAR ATTENTION to the **availability and accessibility** of adequate and effective treatment for people having both DUDs and other mental health disorders, regardless of the point of entry into health and care systems, (including harm reduction services), in line with the principle of 'no wrong door', and ensure effective coordination;

7. ENCOURAGE sufficient **institutional and financial support** in order to develop appropriate responses to the needs of people with DUDs and other co-occurring mental health disorders;
8. PROMOTE measures aimed at **minimising stigma and discrimination** associated with both mental health and drug use, including gender sensitive perspective;
9. SECURE access to services for people suffering concurrently from DUDs and other mental health disorders within the **criminal justice system**, and especially in prisons, youth detention facilities or correctional centres;
10. PROVIDE AND IMPLEMENT **professional training**, both initial and continuing, for health care and other field professionals in dealing with co-occurring DUDs and other mental health disorders;
11. SUPPORT the development of **reliable and comparable indicators** across countries as essential tools to adequately monitor the situation with regard to people with DUDs and other mental health disorders, facilitate screening and diagnosis of dual disorders, and assess policies on this topic;
12. PRIORITISE AND SUPPORT **research** into the different aspects of DUDs and other mental health disorders, highlighting the importance of equivalent definitions and measurement methods/tools and including research on best practices allowing professionals to implement them adequately.
