



STATEMENT BY ALEXIS GOOSDEEL, DIRECTOR OF THE EUROPEAN MONITORING CENTRE FOR DRUGS AND DRUG ADDICTION (EMCDDA)

On the occasion of the Commission on Narcotic Drugs 61st Session, 3rd Intersessional Meeting

25 September 2018

Madame Chairperson, Honourable Delegates, Excellencies, Distinguished Colleagues, Ladies and Gentlemen,

First of all, I would like to thank you for the invitation. It is an honour and a privilege to share with you some highlights of the European Union's experience and outcomes as far as evidence-based drug policy is concerned.

For the purpose of this short overview, I would like to present you what we consider have been the five key aspects of drug policy in the EU over the last 25 years.

- 1) The European Public Health approach to drug policy has not come from nowhere: our experience starts with a big heroin epidemic in the eighties, which was characterised by a high number of deaths from overdose, a high level of drug-related HIV infections and AIDS patients, and the late appearance of Hepatitis C. During the first years of the epidemic, we paid the price. Thousands of people died in Europe from drug use and its consequences, and this in turn shaped drugs policies, with a growing focus on a Public Health approach and the progressive integration of Harm Reduction interventions. From there, we have derived some of our stronger benchmarks which show that over the last 25 years there has been a dramatic increase in the offer of treatment (e.g. from around 20 000 persons in Opioid Substitution Treatment (OST) in 1990 to approximately 650 000 persons in OST in 2017, and another 500 000 in various other treatment settings), a continuous decrease in the number of new drug-related HIV infections and in the number of deaths from overdose. (It is estimated that 9 500 persons have died from overdose in the EU in 2017 versus approximately 72 000 in the United States for the same period).
- 2) From the early years, the European Union and its Member States agreed on the need to base policy and decision-making on scientific evidence, reliable data and systematic monitoring of the drugs situation. This was the reason for the letter sent by President François Mitterrand to the other European Heads of State in 1989, where he proposed the creation of a European Drugs Observatory to provide an objective and comprehensive picture of the situation and the possible responses to it (i.e. what works). The approach developed since then introduced a sequence of key steps which have become an intrinsic part of the EU decision-making process: to understand the situation, to analyse the needs, to design interventions and to evaluate their results and their impact. Since then and as a result, the European Union has at its disposal a unique European Drugs Observatory that collects and provides systematically and regularly, objective, comparable and reliable information on the drugs situation and responses. The European Drug Information System gathers standardised and harmonised national reporting packages from the 28 European Union Member States, plus Norway and Turkey, and we are in the process of extending the reporting to Candidate and Potential Candidate Countries from the Western Balkans.
- 3) As part of the change and evolution of drugs policy in the European Union, it was recognised that there was a need for a multidisciplinary and more collaborative approach between the Member States. This process was initiated with the adoption of the first European Plan on Drugs in December 1990 at the European Council of Rome, and further developed into a coherent system combining a European Drugs Strategy covering a period of eight years, implemented through two consecutive Action Plans of four years each. At the end of the first Action Plan, an intermediary evaluation takes place, and at the end of the eight-year period,

an external evaluation of the strategy is conducted by the European Commission. The action of the EU in drugs policy is supported and coordinated by the European Commission which also supports the exchange of knowledge and best practice. This is how the Member States gather on a monthly basis at the Council of the European Union called the Horizontal Working Party on Drugs. This working party plays a key role in coordinating the action of the EU Member States and of the European Institutions, and thematic discussions and exchanges of experience feed the debate at these meetings. As a consequence, today all Member States have a national strategy, and many countries evaluate them periodically. This is also how a common European Union position in international fora like the CND has been made possible.

- 4) Over the years, the drugs policy in the EU has become much more balanced between demand and supply reduction, given the importance of the health situation associated with the heroin epidemic. The drugs policy in the EU is also guided and inspired by the provisions of the Treaties and in particular of the **Charter on Fundamental Rights** that has legal force and is applicable to all persons living in the European Union, including Persons Who Use Drugs (PWID). This common reference is partly reflected in the way most of the European Member States address the situation of persons using drugs or being found in possession of small quantities for personal use. While there are different legal systems and therefore different ways of characterising drug use and/or possession of small quantities, there is increasing convergence between the Member States that prison should be avoided as much as possible. An interesting example in this perspective is the Portuguese drugs policy that has taken the decision to decriminalise drug use and to develop a comprehensive strategy which encompasses a strong investment in public health and law enforcement interventions, and which also includes harm reduction interventions. In this context, the EU and the Member States have progressively developed a portfolio of evaluated and well-documented interventions, based on the scientific evidence available and presented with criteria for good practice, which compose a common 'European Toolbox' of interventions in Demand Reduction. The EMCDDA is in charge of gathering and analysing the evidence and the best practice criteria that compose this toolbox. A key characteristic of the European Approach to Best Practice in Demand Reduction is that 'one size does not fit all', and that countries use the resources available in the toolbox, or contribute to the inclusion of new modes of interventions, based on the improved and more accurate picture of their own situation and needs, and on the results of the evaluation of demand reduction interventions.
- 5) Last, but not least, the European drugs policy would not be what it is without long-term political consensus and commitment. The EU Drugs Strategy and Action Plans are both at the origin and the result of convergence and dialogue between the EU Member States on the basis of facts and scientific evidence where available. Over the years, the continuous investment in national strategies, drug information systems and national drugs observatories (referred to also in the EU as 'national focal points') have provided the foundations on which the analysis of the situation, the diagnosis of needs, the choice of the most appropriate responses and the periodical evaluation of those policies and strategies have taken place. In this context, it is worth mentioning the role of the evaluation of the successive European Drug Strategies, which aims to improve, not replace, the previous ones, and which has enabled increased coordination and convergence between the EU Member States.

Conclusions

Madame Chairperson, Honourable Delegates, Excellencies, Distinguished Colleagues, Ladies and Gentlemen,

Thanks to the 'balanced approach' and cooperative policy-making on drugs, the European Union and its Member States have produced major achievements such as:

- A major increase in the availability of treatment: while there were about 30 000 persons in OST in 1990, last year there were around 650 000 persons in OST in the EU, of a total of the approximately 1.3 million persons in treatment for drug abuse;

- A constant reduction of drug-related deaths that has stabilised in recent years at around 9 500-10 000 persons dying from overdose in 2017 in the EU compared with approximately 72 000 in the US for the same period;
- A dramatic reduction in drug-related infectious diseases and in particular of drug-related HIV infections that has reached its lowest level in the last three decades;
- A record number of more than 80 million syringes that have been distributed to persons injecting drugs, allowing the risk behaviours associated to injecting drug use to be considerably reduced;
- The adoption of minimum quality standards and the development of a comprehensive set of Health and Social Responses to the Drugs Problem by the 28 Member States;
- The consolidation of the European Early Warning System (EWS) on New Psychoactive Substances (NPS) established in 1997, which is monitoring more than 670 NPS on a 24/7 basis through the European alert system, and which provides with its Risk Assessments the scientific evidence needed by the EU and its Member States to decide on control measures at EU level.

By working closely together, gathering and providing the scientific evidence needed to support decision-making on drugs policy, we have managed to save lives in Europe and to prompt faster reactions to emerging threats.

As the European Monitoring Centre for Drugs and Drug Addiction, we are proud to serve the EU and its Member States and to contribute to a Healthier and More Secure Europe by providing evidence for better decisions and actions.

Thank you very much for your attention.