



European Union
Statement on the occasion of the
Intersessional Meeting of the 59th Session of the Commission on Narcotic Drugs
Vienna,
10 October 2016

**Topic: demand reduction and related measures, including prevention and treatment, as well
as other health-related issues**

Thank you, Mr. Chairman,

The world drug problem poses a serious challenge for EU Member States as well as for many other countries in the world. For the last twenty years the EU and its Member States have invested substantially in developing responses to this challenge through effective, targeted, multidisciplinary and evidence-based drug demand policies. The Member States have laid down their agreement on this response in EU Drugs Strategies and Action Plans on Drugs, most recently the EU Drugs Strategy 2013-2020.

Developing drug policies based on evidence and best practice, supported by objective monitoring and evaluation systems is at the heart of the EU and its Member States priorities to tackle the drug phenomenon. The EU Drugs Strategy is the only regional strategy which names the principle of evidence-base as one of its founding principles.

The EU and its Member States constantly invest in different projects aiming to improve the knowledge on the phenomenon of addiction. A 5 year research project - ALICE RAP¹, dealing with addiction and lifestyles in Europe and bringing together around 200 scientists from more than 25 countries and 29 different disciplines, is just one example for the research efforts in the EU to pull together available evidence and generate new knowledge and insights that feed into the policy making process.

¹ <http://www.alicerap.eu/>

The EU and its Member States also emphasise the need for a longer-term research agenda - ERANID² project focusing on strengthening cross-border research in various aspects of the world drug problem. The project unites researchers from different EU Member States and is a good example of overcoming the current fragmentation in drug research and developing a common strategic research agenda.

The European Monitoring Centre for Drugs and Drug Addiction based in Lisbon plays a crucial role in producing and collecting available evidence and best practice and feeding it into the decision making process. Its online "Best practice" portal, accessible to anyone interested, serves as an important database for sharing the existing knowledge on prevention, treatment, risk and harm reduction, social reintegration and some emerging topics, such as new psychoactive substances. We would encourage everyone interested in making evidence-informed decisions to use this valuable resource.

In the EU and its Member States drug addiction is addressed as a public health priority and there is a strong commitment in developing targeted, evidence-based and cost-effective interventions. In the framework of the balanced approach, the EU and its Member States are paying great attention to the full range of measures from prevention, early intervention, risk and harm reduction, to treatment, social reintegration, rehabilitation and recovery measures.

Seeking to improve the quality of the above-mentioned interventions, the EU and its Member States have recently developed minimum quality standards in drug demand reduction. This innovative initiative lists 16 standards that represent a minimum benchmark of quality for interventions in: drug use prevention, risk and harm reduction, treatment, social integration and rehabilitation that Member States are encouraged integrate and implement in their drug policies.

The prevention of drug use and the delay of the onset of drug use are central in the response developed by the EU. Unplugged³ is one of the many projects funded in the EU to help young people to reduce risk behaviours related to substances. This school-based prevention programme, involved 143 schools and 7.079 pupils of 7 Member States in training activities and the strengthening of social and coping skills with the objective to reduce the consumption of drugs, alcohol and tobacco among youth.

² <http://www.eranid.eu/home/>

³ <http://unplugged-project.eu/wordpress/>

As you know, the EU and its Member States attach great importance to risk and harm reduction measures and welcome the reference made to some of these crucial measures in the UNGASS outcome document. We would encourage other Member States to consider this recommendation as a priority recommendation when implementing the UNGASS outcome document.

As regards the situation in the EU, some Member States have a long tradition of harm and risk reduction activities, even in prisons, and most recent data indicates that over the last years most EU countries took specific action to ensure the availability of and access to evidence-based risk and harm reduction measures. The current available evidence strongly supports that opioid substitution treatment, including support by psychosocial interventions, keeps patients in treatment and reduces illicit opioid use and mortality. All EU countries have implemented opioid substitution treatment and needle and syringe programmes which have proven to be effective measures to prevent and control infections among people who inject drugs, and the coverage of the two programmes increased considerably in the recent years.

The World Health Organization estimates that every year failure to provide opioid substitution treatment leads to 130,000 new HIV infections. In Europe we have a long established evidence of using controlled substances to effectively reduce morbidity and mortality caused by the consumption of drugs, in particular heroin. We have developed best practice in the prevention of infectious diseases and reduction of drug related deaths. As a result of these measures taken in many EU Member States there was and still is a significant decrease of infectious diseases.

An estimated 1.2 million people received treatment for illicit drug use in European Union Member States during 2014 – among them an estimated 644 000 opioid users received substitution treatment. Methadone is the most commonly prescribed opioid substitution drug, received by 61% of substitution clients. A further 37 % of clients are treated with buprenorphine-based medications, which is the principal substitution drug in seven EU Member States. Other substances, such as slow-release morphine or diacetylmorphine (heroin), are more rarely prescribed, being received by an estimated 2 % of substitution clients in Europe.

Opioid substitution treatment is estimated to cover more than 50 % of Europe's problem opioid users. In many countries a majority of opioid users are, or have been, in contact with treatment services.

Mr. Chairman,

Let me take this opportunity to emphasise once again that there is a vast amount of evidence and best practices developed in many countries across the world that demonstrate the effectiveness of opioid substitution treatment. Today, evidence suggests clearly that these measures do not only improve the health of our people but also save lives. And we are all aware that the WHO Constitution enshrines that "...the highest attainable standard of health as a fundamental right of every human being."

Opioid substitution treatment is in place in all EU Member States and we will be working hard to further increase its coverage. We would be pleased to share our experience with all Member States which see the availability and expansion of opioid substitution treatment as a necessity and priority.

At the same time, we are also aware that the misuse of opioids and the diversion from medical practice can bring negative consequences. Thus, to-date, the European discussion on the misuse of prescribed opioids has focused on the need to reduce the unintended consequences of substitution provision through appropriate prescribing practices. Increasingly, attention is also being given to restricting the illicit production and trafficking in synthetic opioids.

Mr. Chairman,

Allow me to say a few words about other risk and harm reduction measures applied across EU Member States.

Data from 23 Member States representing together more than 250 million EU citizens show that around 36 million syringes were distributed to people who inject drugs in 2014. However, the real figure is higher, as a number of large EU countries do not have centralised syringe monitoring and therefore do not submit estimates.

Among other risk and harm reduction measures used in EU Member States are low threshold testing, outreach street work, counselling, distribution of condoms and kits with sterile material, monitoring and treatment of blood born infectious diseases, set up of mobile harm reduction teams, HIV testing, antiretroviral treatment. As part of a comprehensive system of harm reduction responses and to address specific harms, six EU Member States provide highly targeted services such as supervised drug consumption facilities and eight EU Member States provide take-home naloxone programmes.

The EU and its Member States are determined to further increase the availability of and access to evidence-based risk and harm reduction measures, as foreseen in the current EU Drugs Strategy. We would like to take this opportunity to encourage other countries to follow the same path and stand ready to share our experience.

The EU provides support to third countries in the area of drug demand reduction. One of the four priorities of the Cooperation Programme between Latin American and Caribbean countries and the European Union on drugs policies (COPOLAD) since 2011 provides for capacity-building in the reduction of demand (prevention, treatment, rehabilitation and harm reduction related to drug consumption).

To conclude, I would like to recall that the EU and its Member States have continuously stressed the importance of recognizing the role of civil society and the scientific community in the formulation, implementation, monitoring and evaluation of drug policies at local, national and international level and enhancing their contribution to the decision making process. In the EU an important mechanism for achieving this is the Civil Society Forum on Drugs - a platform of 45 non-governmental organisations, representing a wide spectrum of approaches to drugs policy, specifically created for feeding the voice of civil society into the EU decision making process.

Thank you, Mr. Chairman