



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

Topic: Human rights, youth, children, women and communities

Mr. Chairman,

We are happy that the UNGASS outcome documents calls for principle of proportionality in drug policies. Making available a solid report on this issue, according to CND-resolutions 58/5 on health and justice authority collaboration and 59/7 on proportionate sentencing, would be an important contribution to the implementation of this document. Therefore we encourage UNODC to proceed with the recent activities and to produce a report on the different ways in which states are implementing proportionate criminal justice policies. In addition to that proportionality could be the thematic focus of the World Drug Report 2017. We would also encourage the INCB to focus on this issue, possibly by updating the 2007 INCB report on proportionality.

The UNGASS outcome document calls for a human rights based approach. For us and many other states, the abolition of the death penalty for drug-related crimes is central to a human rights based approach.

Now, Chairman, let me turn to another topic. In the EU and its Member States drug addiction is addressed as a public health priority. Therefore, the EU Drugs Strategy foresees that alternatives to coercive sanctions for drug-using offenders should be provided.

A few weeks ago, a study commissioned by the European Union has been published on alternatives to coercive sanctions as response to drug law offences and drug-related crimes, which mapped alternatives to coercive sanctions for drug law offences that are available under the law in each EU Member State and described the use of these sanctions in practice.

The findings of this study and the recently completed review of the implementation of the EU Drugs Strategy demonstrated that thirteen different types of alternatives to coercive sanctions were identified across all EU Member States. All Member States reported having at least one of such alternatives available and most had more than one. Most Member States introduced alternatives to coercive sanctions in the period between 2000 and 2009, and new alternatives are still being created and implemented within Member States.

All Member States offered treatment for drug use as part of at least one alternative to coercive sanctions. Seventeen Member States had alternatives available that involved only drug treatment, mainly through drug treatment orders. Fifteen Member States applied suspension of sentence with treatment or rehabilitative requirement attached and ten Member States had suspension of investigation/prosecution with a treatment or rehabilitative element in place. Eight Member States also reported the availability of alternatives with no drug treatment component, but which involved ‘non-action’ or diversion from the criminal justice system or from sentencing.

The conditions for applying alternatives to coercive sanctions to drug-using offenders range from a decision by the judge to the decriminalisation of drug use. In many Member States the alternatives are only possible when there is no suspicion of drug trafficking and are mainly for minor offences. A few countries have special provisions for young users/minors/juveniles. In most cases, including those with drug treatment as the central component, the offender could be prosecuted for the original offence and/or could be prosecuted for the breach in the event of non-compliance.

The findings of the previously mentioned survey lend support to the continued use of alternatives to sanctions within EU Member States. It also concludes that such alternatives could be most efficient when they target individual needs and risk factors.

Treatment services focusing on the special needs of women and mothers are also implemented in a number of EU Member States, recognizing the gender condition as an essential factor in providing care and organized services to women.

We would like to take this opportunity to encourage other countries to implement gender-sensitive drug-related measures and stand ready to share our experience.

Thank you, Mr. Chairman.