



**European Union**

**Statement on the occasion of the**

**Intersessional Meeting 26-28 September 2017**

**Commission on Narcotic Drugs 60<sup>th</sup> session**

**Vienna, 26 September 2017**

Chapter 1: Operational recommendations on demand reduction and related measures, including prevention and treatment, as well as other health related issues

Madam Chair, Mr Facilitator,

The European Union and its Member States wish to thank you for organizing this intersessional meeting in which we can share our best practices in the field of demand reduction.

Developing drug policies and actions based on evidence and best practice, supported by objective monitoring and evaluation systems is at the heart of the EU priorities to tackle the drug situation. The EU and its Member States constantly invest in different projects aiming to improve the knowledge on the phenomenon of drug use. For example the 5 year research project - ALICE RAP, which focused on addiction and respective lifestyles in Europe, brought together around 200 scientists from more than 25 countries and 29 different disciplines.

Furthermore, the European Monitoring Centre for Drugs and Drug Addiction, in cooperation with National Focal Points, plays a crucial role in producing, collecting and collating available evidence and best practice and feeding it into the decision making process. Its online best practice portal, accessible to anyone who is interested, serves as an important database of knowledge on ways how to efficiently address the drug situation.

Addiction is a complex, multifactorial health disorder characterized by a chronic and relapsing nature with social causes and consequences that can be prevented and treated. That is why the EU and its Member States address substance use disorders as a public health priority. We have a strong commitment to developing targeted, evidence-based and cost-effective interventions and promoting the use of internationally recognized standards, such as the International Standards on Drug Use Prevention developed by the UNODC. The EU has also endorsed minimum quality standards in drug demand reduction, which demonstrate the political will of the EU countries to implement evidence-based demand reduction interventions.

Using a balanced approach, the EU and its Member States are paying great attention to a full range of measures which include prevention, early intervention, risk and harm reduction, treatment and care, social reintegration, rehabilitation and recovery measures, as well as the prevention, treatment and care of HIV, viral hepatitis and other blood-borne infectious diseases associated with drug use, taking account of age, gender and other relevant aspects of target groups. We would encourage other Member States to consider these measures as a priority when implementing the UNGASS outcome document as well as adhering to the WHO recommendations on the comprehensive package of health services for people who inject drugs, nine in total.

We also stress that interventions are most effective, if tailored to the needs of target groups and provided by trained or specialized professionals and peers. In 2008, European Member States of the World Health Organization agreed on the Tallinn Charter that states that health systems have to be made more responsive to people's needs, preferences and expectations, while recognizing their rights and responsibilities with regard to their own health.

As regards the situation in the EU, many Member States have a long tradition of harm and risk reduction activities, including in prisons. Among other risk and harm reduction measures implemented in our Member States are needle and syringe exchange programmes, opioid substitution treatment, peer-based interventions, testing of blood-borne infectious diseases associated with drug use, opioid overdose management etc. For example, as part of a comprehensive system of harm reduction responses and to address specific harms, six EU Member States provide highly targeted services for their key affected populations, such as supervised drug consumption facilities, and ten EU Member States now provide take-home naloxone programmes.

Today, evidence suggests clearly that risk and harm reduction measures do not only improve the health of our people but also save lives. Thanks to the introduction of these measures, amongst others, new HIV infections among people who inject drugs have declined in most European countries, with an overall decrease of 41% between 2007 and 2015. We would like to take this opportunity to encourage other countries to monitor and stay alert on the emergence of new trends, as this has become increasingly important in the light of the growing epidemic of new synthetic opioids, and stand ready to share our experience.

Madam Chair, Mr Facilitator, dear panellists,

The EU and its Member States support the CND to advocate fully the use of internationally recognised standards on drug use prevention and treatment and also give great importance to risk and harm reduction measures. We welcome the reference made to some of these crucial measures in the UNGASS outcome document and encourage other Member States to consider these recommendations as a priority when implementing the UNGASS outcome document, as this has shown successful results in the EU. We also promote sharing good practices in this field and EU will, of course, continue to share information on our experiences and be ready to learn from those further afield.

Finally, the EU and its Member States warmly welcome an increased and more formalised cooperation between UNODC and WHO, both crucial actors within the demand reduction sphere. Indeed, this cooperation contributes to the implementation of the UNGASS recommendations and acts as a role model for future increased cooperation with other UN agencies in order to fully realize our international commitments and the UNGASS recommendations.

Thank you.