



European Union
Statement on the occasion of the
Intersessional Meeting 26-28 September 2017
Commission on Narcotic Drugs 60th session
Vienna, 28 September 2017

Chapter 4: Operational recommendations on cross-cutting issues: drugs and human rights, youth, children, women and communities

Madam Chair, Mr Facilitator,

The European Union and its Member States wish to thank you for organising this intersessional meeting in which we can share our best practices in regard to promoting human rights-based and proportionate drug policy approaches.

May we take this opportunity to remind us all that in June this year the UN Secretary-General shared knowing "*from personal experience how an approach based on prevention and treatment can yield positive results*" and underlined "*the flexibility afforded by the three international drug control conventions.*" He also stressed that "*Together, we must honour the unanimous commitments made to reduce drug abuse, illicit trafficking and the harm that drugs cause, and to ensure that our approach promotes equality, human rights, sustainable development, and greater peace and security.*"

The EU and its Member States strongly reiterate our commitment to respecting, protecting and promoting human rights, fundamental freedoms and the inherent dignity of all individuals and the principles of rule of law in the development and implementation of drug policies. We strongly support increased cooperation between the UNODC and other relevant UN bodies on drugs, health, human rights, women, youth, children, vulnerable members of society and

communities, as well as to the implementation of relevant UN conventions addressing these specific issues.

We once more state our deep regret that the UNGASS outcome document lacks any reference to the abolition of the death penalty. The death penalty should be abolished globally, and we condemn the use of capital punishment in all circumstances. We would also like to firmly stress the complete unacceptability of extrajudicial, summary or arbitrary executions under any circumstances. Extrajudicial executions constitute violations of human rights and the UN Conventions. Conduct of criminal investigations and judicial proceedings by the State with full respect for the process is a human right pursuant to the provisions of international law and in accordance with the principles of rule of law. In this respect, the EU and its Member States find the collection and collation of information related to the use of the death penalty for drug law and drug-related offences of utmost importance and consider that data collection and collation by the CND should be perceived as a crucial ingredient in the managing of the discussion in this subfield.

The EU and its Member States extensively promote proportionate national sentencing policies, practices and guidelines for drug law and drug-related offences, whereby the severity of penalties is proportionate to the gravity of offences and in line with States' obligations under international law, including as they relate to upholding human dignity and human rights.

We strongly believe that the world drug problem cannot be solved by only prosecuting individuals who need assistance due to their drug use and addiction. The principle of adequate, proportionate and effective response to drug-related offences has been highlighted in all UN drug control conventions which stipulate that States may provide, either as an alternative or in addition, measures of treatment, education, aftercare, rehabilitation, recovery and social reintegration to drug users who have committed offences enumerated in these conventions.

A recent study conducted by the European Commission showed that all EU Member States are implementing at least one alternative to coercive sanctions, and most had more than one. Seventeen Member States had alternatives available that involved only drug treatment, mainly through drug treatment orders. Fifteen Member States applied a suspension of sentence with a treatment or rehabilitative requirement attached and ten Member States had a 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.

Moreover, the recently adopted EU Action Plan on Drugs for 2017 to 2020 requests EU Member States to provide and apply, where appropriate and in accordance with their legal frameworks, alternatives to coercive sanctions for drug using offenders. The action plan also requests concerned parties to increase monitoring, implementation and evaluation of these measures. Acknowledging that it's an effective tool, we are currently identifying what barriers still exist and discussing how to scale up the application of alternatives to coercive sanctions.

The action plan also clearly incorporates population factors such as age; gender; education; and cultural and social factors, so that specific needs are taken into account when formulating drug policy throughout the EU. The EU and its Member States would like to underline that a gender perspective must be integrated into all relevant aspects of drug policy. It must not be treated as an isolated issue or a separate track, so that women's and men's specific needs and conditions permeate all relevant activities and actions.

Madam Chair, Mr Facilitator, dear panellists,

The EU and its Member States believe that national drug policies of UN Member States should fully respect all human rights and fundamental freedoms and protect the health, safety and well-being of individuals, families, vulnerable groups of society, communities and society as a whole. We also invite other regions to put more effort not only in implementing alternative measures to coercive sanctions and ensuring that the principle of the proportionate sentencing is followed, but also in ensuring that education, access to health care, including treatment, suspension of investigation or prosecution, rehabilitation and recovery, aftercare and social reintegration as well as risk and harm reduction measures are available for those in need.

Thank you.