



**European Union**  
**Statement on the occasion of the**  
**Intersessional Meeting 25-28 September 2018, Commission on Narcotic Drugs 61st session**

**Vienna, 25 September 2018**

*Demand reduction and related measures*

Madam Chair,

The European Union and its Member States wish to thank you for organizing this intersessional meeting in which we can continue our exchanges on the preparations for the Ministerial segment of the 62nd CND with a special focus on demand reduction and related measures as well as share our best practices in that field.

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 world drug problem. The EU and its Member States constantly invest in different studies and projects aiming to put together available evidence and to improve the knowledge on the phenomenon of drug use. For example, the 5 year research project - ALICE RAP, focused on addiction and respective lifestyles in Europe, and brought together around 200 scientists from more than 25 countries and 29 different disciplines. Another example is EPPIC (Exchanging Prevention practices on Polydrug use among youth In Criminal justice systems), a three year European project which focuses on prevention and on addressing all types of illicit drug use among young people (15-24) who are in touch with the criminal justice system.

Over the past 25 years, the European Union has been developing a system of data collection and sharing, based on the work of the European Monitoring Centre for Drugs and Drugs Addiction which together with its network of 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, added to its recent publication “Health and social responses to drug problems – A European guide”, accessible to anyone who is interested, serves as an important database of knowledge and reference on ways to efficiently address the drug situation and to take evidence-informed decisions.

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 would like to express its appreciation to the UNODC for updating the standards. 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. The EMCDDA recently produced a comprehensive guide to Health and Social Responses to Drug Problems – which may be of interest to many of you in the room.

Using a balanced approach, the EU and its Member States are paying great attention to a full range of measures which include prevention, early detection and intervention, risk and harm reduction, treatment and care, rehabilitation, social reintegration and recovery measures, as well as the prevention, testing, 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 within their drug policy measures 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. We emphasize that it is very important to protect citizens against health, social and societal harms associated with drug use and to tackle marginalization and stigmatization and to contribute to reintegration in society. In this sense, dependent drug users shall be considered as people who need treatment and care.

As regards the situation in the EU, many Member States have a long tradition of risk and harm reduction activities, including in prisons. Among other risk and harm reduction measures implemented in our Member States are needle and syringe exchange programmes, opioid agonist 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 European countries 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 51% between 2007 and 2016. Among the six European countries with national trend data for the period 2010 – 2016, declining hepatitis C virus (HCV) prevalence among injecting drug users was reported in four countries, while two observed an increase. The European Union has committed itself to eliminate HCV by 2030.

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,

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 the 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 would like to insist on the value of the formalized cooperation between UNODC and WHO, in order to strengthen and expand existing cooperation on the public health dimension of the world drug problem. Both UNODC and WHO are 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. The EU and its Member States would warmly endorse this as a model for future increased cooperation between UNODC and other relevant UN entities.

Thank you.